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ABSTRACT

This report, the third in a three-volume study evaluating day care in Alaska, Idaho, Oregon, and Washington, contains a profile of various day care characteristics and an estimate of the potential impact of the proposed federal day care requirements on current day care costs in the four states. The profile includes data describing the definitions and characteristics of various types of day care providers and settings, service needs for children and parents, parent involvement in child care, and problems confronting day care providers and parents. The cost data includes an analysis of a private-profit day care center budget for current expenses and a projection of costs if conditions under the proposed requirements are to be met. (Author/CS)

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A PROFILE OF FEDERALLY SUPPORTED DAY CARE IN REGION X

VOL. 3

FINAL REPORT

Contract No.:
OEC-X-72-0055

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A PROFILE OF FEDERALLY SUPPORTED DAY CARE IN REGION X

VOL. 3

Contract No.
OEC-X-72-0055

March 31, 1973

UNCO, INC.
TACOMA, WASHINGTON

Unco Inc.

March 31, 1973

Ms. Robin Pasquarella
Project Officer
Region X
Department of Health, Education,
and Welfare
Arcade Plaza Building, M.S. 610
1321 Second Avenue
Seattle, Washington 98101

Dear Ms. Pasquarella:

RE: Contract No. OEC-X-72-0055, DAY CARE STUDY, REGION X

Unco, Inc. is pleased to submit twenty copies of the final report of an Evaluation of Day Care Services in Region X. Unco's project staff has found this study to be one of the most exciting and challenging projects in which we have been involved. The opportunity to be a part of a program which is undergoing change was particularly rewarding.

The Unco project staff would like to express the pleasure it had in working with the staff of DHEW Region X office. The consideration and cooperation received in the conduct of this project was invaluable.

Sincerely,

Lawrence E. Knape
Director, West Coast Programs

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This study was conducted and this report was prepared under a contract with the Federal Region X office of the Department of Health, Education, and Welfare. Organizations undertaking such projects are encouraged to state their findings and express their judgments freely. Therefore, points of view or opinions stated in this document do not necessarily represent the official position of the Department of Health, Education, and Welfare.

UNCO

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SPECIAL DEDICATION TO REGION X

DAY CARE PROVIDERS

Here we are, just look under the forms
Statistical data, figures and norms
Is your ethnic minority black or sky blue
What do you do when a child has the flue
Fill in the numbers, sign on the line
A few hundred pages will do just fine
What does it cost, whom do you pay
How many trips to the bathroom per day
Total the figures, divide by point 3
It's very important, just wait and see
We'll issue a document, impressive and long
We'll tell you just how you are doing it wrong
You've finished with this one? Wait, don't go away
Here's another report that's due yesterday.
The children? Well, they'll just have to wait
Information is needed, so don't be late
Your primary job is to fill up our shelves
In the meantime, the kids can just fend for themselves.

Sandy Larson, Bookkeeper
Chugiak Parents & Children's Center
Chugiak, Alaska

99807

ACKNOWLEDGMENT

Unco, Incorporated, is pleased to acknowledge the valuable assistance of all those individuals who became involved with this project.

To list all of those to whom we are indebted for their help on this project would be an impossible task. Certainly, we wish to express our gratitude to those persons in the Region X office of the Department of Health, Education, and Welfare (Ms. Robin Pasquarella, Project Officer; Ms. Mary McLean, Management Intern; Mr. John Crossman, Analyst; and Mr. Ron Bake, Contract Officer, DHEW Region X office). The services, comments, and recommendations of these individuals have been particularly helpful.

We would like to express special thanks to the administering agency personnel, day care providers, and parents for their help in providing us with information about the day care programs in Region X.

Although not all are mentioned here....all are remembered with appreciation.

GENERAL INTRODUCTION

This study is a product of the Region X Federal Regional Council's interest and concern about the quality of federally supported day care in the region. The study examines federally supported child care available in the States of Washington, Oregon, Idaho, and Alaska. The quality of care, and the impact of Federal Day Care Standards are examined both from the perspective of the state and local agencies which administer federal day care dollars and from the perspective of the providers who must meet federal standards.

There are several unique features of this project. The primary objective of the effort was to develop an action plan by which the Federal Regional Council can move to upgrade the quality of day care in the region. Further, a proposed set of federal day care standards was used as the baseline against which to measure the current quality of care in a sample of federally supported settings. The use of these proposed standards provides the region with advance information on possible implementation problems should these standards be adopted. Finally, the study is unique in its focus on the activities and mechanisms of the multi-level administrative units--federal region, states, counties, and cities--which are responsible for administering currently available federal funds for day care and for implementing the 1968 Federal Day Care Requirements (FDCR).

This report is divided into three volumes. Each volume either can be read alone, or the three volumes can be read in sequence. A brief description of each volume follows:

Volume 1 is entitled "A Day Care Action Plan." This volume presents four possible strategies for federal regional action in the area of day care. Each of these strategies specifies actions which the federal regional office can take, and the related actions required by state and local levels of government to upgrade day care in the context of present monetary constraints and the New Federalism.

Volume 2 is "A Baseline for Improving Day Care Services in Region X." This volume examines the current level of day care services in the states of Region X in relation to the proposed 1972 Federal Day Care Requirements. The volume describes both the quality of day care currently provided and the structure of state administering agencies and their capacity to administer the day care program within each state.

The final volume is "A Profile of Federally Supported Day Care in Region X." This volume develops a profile of the characteristics of day care providers and federally supported day care settings in Region X. The final chapter outlines the potential impact of the 1972 Federal Day Care Requirements on current costs of providing day care in the region.

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CHAPTER V

A PROFILE OF FEDERALLY SUPPORTED CHILD CARE IN REGION X

Presented in this chapter is an overall view of the day care settings and the providers who deliver federally supported child care in Region X. The settings are examined with reference to their primary characteristics and service features. These features, then, are related to various needs of parents for child care.

A profile of the background and training of the day care providers follows, along with an assessment of on-the-job training opportunities available to caregivers in each day care setting. Providers' and parents' perspectives on problems related to quality day care are presented in the final pages of the chapter.

5.1 DAY CARE SETTINGS

The need for extra-parental care for children is met in so many informal ways, that the settings regulated by state and federal child care standards represent only a few of the forms of supervision and care being provided to children by persons other than their parents. Schools, park departments, neighbors, grandparents, friends, older brothers and sisters--all provide supervision for children when their parents are not with them. The primary distinguishing feature between licensed child care arrangements and many of the informal settings is the length of time that pre-school age children are left in the care of someone other than their parents--an average of 10 to 12 hours a day, five days per week--while the parents are at work. For some children, more than one-half of their waking hours are spent under the care of a parent substitute. Although available licensed day care meets a major need for extra-parental care, it does not necessarily satisfy all child care needs (for example, care for school-age children, for ill or special children, and short-term, odd hour, or emergency care).

This study has been concerned with the licensed, or certified, child care settings in Federal Region X. Specifically, these settings directly or indirectly receive some federal funds through purchase-of-service

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contracts, grants, expense reimbursements, vendor payments, vouchers, or fees to vendors made possible by disregarding the income of parents of enrolled children (as in a Model Cities target area). As recipients of federal funds, these child care providers are responsible for meeting the Federal Day Care Standards of 1968*, designed to assure that federally subsidized child care meets at least a minimal level of quality.

Prior to a full discussion of each type of child care setting, the settings are first defined and briefly described.

Day care centers. The proposed Federal Day Care Requirement of 1972** recognize a day care center to be any place other than a private home receiving children for care, or any private home receiving thirteen or more children for day care. Excluded are any accredited educational, health, or mental health facilities. Though this report uses the 1972 FDCR definition, it is important to note that this same definition of a day care center is not used in licensing by all of the four states in Region X. The lack of uniformity could create problems when state and federal group size requirements assign the same facility to different categories with different, and perhaps conflicting, sets of state and federal standards. The following summarizes the state center definitions for licensing purposes:

STATE DEFINITIONS OF DAY CARE CENTERS

WASHINGTON

Facilities which regularly provide care to a group of children for less than 24 hours a day in other than a family setting.

OREGON

A facility (family home or day care center) which has five or more children in care.

IDAHO

A home or place providing care to a group of five or more children for all or part of the 24-hour day.

---

*Hereafter referred to as the "1968 FDCR."

**Hereafter referred to as the "1972 FDCR."

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ALASKA

A nursery caring for more than six children at any one time.

As is shown in Table 5.1, there is a range of day care center types and characteristics. The center type classification is used throughout the report.

Family day care homes. According to 1972 FDCR, a family day care home is a private home in which a person regularly provides care for children from more than one family, not including her own children.

All of the states in Region X recognize this type of care, but vary in the number of children permitted in the home and the number at which licensing becomes mandatory. In Idaho and Alaska the largest number of children permitted per family day care home is six, including the provider's own children. In Washington a family day care home is not to be licensed for more than 10 children including the provider's own children under age 12. The State of Oregon currently does not require a state license for facilities with fewer than five children, but provides federal certification for these facilities under the requirements of 1968 FDCR.

In most cases, an informal distinction is made between family day care homes that have up to six children and those with six to 10 or 12 children (see Table 5.2). In this report, those in the latter category are referred to as "group day care homes." They have fewer than the number of children specified by the 1972 FDCR to qualify as a center, and more than most family day care homes. In each state several such group homes have been studied for comparative purposes. In general, profiles of the group homes and the family day care homes are remarkably similar.

In-home care. Public funds are also used to pay for child care services in the child's own home or for care in another person's home, where all of the children cared for are from one family. This in-home care is often provided by relatives, a situation which parents prefer in many instances (see Table 5.3).

Though the most common day care setting, in-home care has the least formal status in state and federal standards. None of the states in Region X have licensing standards for in-home care providers. Since about 56% of the Region's in-home care is provided for the children of

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TABLE 5.1
GENERAL CHARACTERISTICS
OF DAY CARE CENTERS CURRENTLY
RECEIVING FEDERAL FUNDS IN REGION X

	Percent of Centers (n=72)
CENTER TYPE	
Private-profit	31.9%
Private non-profit	47.2%
Public	15.3%
Head Start affiliate	4.2%
CENTER SIZE (licensed capacity)	
Up to 30 children	40.3%
31 to 60 children	38.8%
more than 60 children	20.9%
CITY SIZE	
Area of 2500 or less population	7.4%
2500 to 50,000	58.8%
50,000 to 250,000	14.7%
250,000 plus	19.1%
LOCATION	
Urban residential	39.5%
Industrial	0.0%
Commercial	9.1%
Suburban residential	27.3%
Rural area	9.1%

FEDERALLY FUNDED CHILDREN AS PERCENT OF TOTAL CHILDREN ENROLLED

Percent of Federally Funded Children	Percent of Centers (n=72)
Up to 20%	38.6%
20 to 39%	14.3%
40 to 59%	10.0%
60 to 79%	7.2%
80 to 100%	30.0%

TOTAL NUMBER OF ENROLLED CHILDREN IN SEVENTY CENTERS 3,382

TOTAL NUMBER OF FEDERALLY SUPPORTED CHILDREN IN SEVENTY CENTERS 1,408 (41.6%)

00020

TABLE 5.2
GENERAL CHARACTERISTICS
OF FAMILY DAY CARE HOMES
RECEIVING FEDERAL FUNDS IN REGION X

SIZE (licensed capacity)

Family Day Care Homes
Average 4.3, High 12, Low 1

Group Day Care Homes
Average 9.4, High 20, Low 5

CITY SIZE	
Up to 2,500	6.31%
2,500 to 50,000	53.88%
50,000 to 250,000	22.82%
250,000 or more	16.99%

TOTAL CHILDREN IN CARE IN 270 HOMES 1,260

00021

TABLE 5.3
GENERAL CHARACTERISTICS
OF IN-HOME CARE SERVICES
RECEIVING FEDERAL FUNDS IN REGION X

SIZE
Average number of children per home = 2.4

CITY SIZE	
Up to 2,500	7.5%
2,500 to 50,000	65.4%
50,000 to 250,000	17.8%
250,000 or more	9.4%

PLACE CARE IS PROVIDED	
Child's home	56.0%
Provider's home	44.0%

TOTAL CHILDREN UNDER CARE IN 273 HOMES = 664
(same as total number of federally supported children)

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one family in their own home, the states and federal government do not require that facility standards, for instance, be met by parents who have judged their own home to be safe for their children. Since 70% of the in-home care is arranged by the parents themselves and since about 30% of the providers are relatives of the children, strict provider standards could interfere with choosing a provider and thus greatly restrict the amount of available care.

5.1.1 Day Care Centers.

Center-based care is sponsored and operated by several types of organizations. Historically, day care centers were primarily privately owned and operated. Most of them were set up to provide pre-school education, often a half day or less, during a time when universal public kindergarten was uncommon. In parts of Region X (Idaho, for instance) that still do not have universal public kindergarten, private pre-schools and kindergartens are run by a variety of private-profit and non-profit groups. Federal and state requirements exempt any establishment whose purpose is exclusively educational rather than child care. For the most part, however, private pre-schools now have expanded their services to provide full day care and therefore must comply with the federal requirements. Private day care centers still are supported largely by parent fees and serve children from other than low income families. Federally subsidized center children more frequently attend the relatively limited public child care centers.

Private-profit centers. Of the child care centers in Region X, 31.9% are private profit centers. The availability of federal monies for child care has not really affected the private-profit operator's costs since he is not eligible for many of the direct federal reimbursements, grants, or other supportive services. Private-profit center programs tend to be geared to middle income families whose health, nutritional, and educational needs are different from the lower income families served primarily in the federally supported centers (see Table 5.4 for distribution of federally funded children.) Since meeting these needs costs so much, private-profit centers rarely provide extensive support services and must make a number of compromises simply to break even.

Most private operators own their own facilities, many of which were built specifically for child care. Private-profit centers are appealing to franchisers due to the

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TABLE 5.4
PROFILE OF PRIVATE-
PROFIT CENTERS RECEIVING
FEDERAL SUPPORT IN REGION X

Center Size (licensed capacity)

	% of Centers (n=20)
Up to 30 children	40%
31-60	30%
More than 60	30%

Number of Years Licensed

	% of Centers (n=20)
Less than one year	4.3%
One to two years	26.1%
Two to five years	34.8%
Five to ten years	26.1%
More than ten years	8.7%

Federally Funded Children as Percent of Total Children Enrolled

% Children Federally Funded in a Center

	% of Centers (n=23)
Less than 20%	59.8%
20-39%	17.3%
40-59%	8.6%
60-79%	4.3%
80-100%	8.6%

Percent of Private-Profit Centers with Funding Sources in Addition to Parent Fees

	% of Centers (n=20)	
Federal	0%	
State	100%	(includes state-administered federal WIN/AFDC payments)
Local	0%	

need for initial capital outlay for building and equipment and the complexities of state and local requirements. Few of these private franchises are operating in Region X, however. Most of the private-profit centers visited in Region X were run by local operators, a few of which had more than one center in the same town. *The private-profit center operators often expressed an increasing difficulty in maintaining enrollment over the past few years, and most were operating at less than licensed capacity.*

Private non-profit centers. Almost 50% of the centers serving federally supported children in this Region are private, non-profit centers, sponsored by a variety of voluntary service organizations such as YMCAs and YWCAs, churches, and other specially organized child care corporations. (See Table 5.5.)

Characteristically, non-profit groups do not have a large amount of capital to invest in start-up costs for a center. As a result, many non-profit groups use existing facilities such as church basements or unused buildings for their center rather than attempting new construction. *A major stumbling block for non-profit centers often is a shortage of money for renovation of the existing facilities to meet state licensing requirements.**

Since September of 1969 federal funds have been available to such private, non-profit organizations through the

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*A case-in-point is the story told by the administrator of a United Way, non-profit center operating in southwestern Washington. To expand the center's services from only pre-school care to a program that would include school-age children, the administrator needed more than the existing basement of a church. She convinced a nearby elementary school principal to allow the school-age children to use a large room in the older school for a small before-and-after-school program. The principal agreed, although he had not previously opened the school to such community programs. After a state licensing inspection, the administrator was considerably discouraged to find that the school did not meet certain child care facility licensing standards without some rather major modifications, even though these children could attend the school all day for educational purposes! The principal had no budget to make the modifications; the program could not afford them; and the school-age care component had to search for other facilities.

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TABLE 5.5
PROFILE OF PRIVATE NON-PROFIT
CENTERS RECEIVING FEDERAL
SUPPORT IN REGION X

Center Size (licensed capacity)

	% of Centers (n=33)
Up to 30 children	33.3%
31-60 children	45.5%
More than 60	21.2%

Number of Years Licensed

	% of Centers (n=34)
Less than one year	11.8%
One to two years	23.6%
Two to five years	47.1%
Five to ten years	14.7%
More than ten years	2.9%

Federally Funded Children as Percent of Total Children Enrolled

% Children Federally Funded in a Center

	% of Centers (n=32)
Less than 20%	33.3%
20-39%	15.2%
40-59%	15.2%
60-79%	9.1%
80-100%	27.3%

Percent of Non-Profit Centers with Funding Sources in Addition to Parent Fees

	% of Centers (n=34)	
Federal	41.2%*	
State	91.2%	(includes state-administered federal WIN/IV A payments)
Local	58.8%	

*Other federal sources here include USDA, Headstart (OCD), OEO, OE, Model Cities (HUD).

amendments to the Social Security Act. *However, non-profit day care centers may still have difficulty raising the local 25% matching monies in cash, rather than in-kind. Department of Agriculture food reimbursement monies and various other special monies are also available to non-profit sponsors, although a large number of them have not begun to take advantage of these sources.*

Public centers. Public centers are sponsored by a variety of public agencies or organizations. Sponsors for the day care centers in our sample included school districts, county commissioners, community colleges and state universities, Community Action Agencies, and Model Cities programs. These, of course, are not only centers which receive public funds; however, publicly sponsored programs usually receive most of their funds from the state or federal government.

Public and private non-profit facilities are most often used by families with lower incomes (see Table 5.6). *Public programs provide a considerably wider range of support services for the children, whose needs for health and social services are usually greater than private programs can afford.*

5.1.2 Day Care Homes.

Day care home settings probably serve more pre-school children than any other day care arrangement. They also frequently serve the school-age brothers and sisters of these pre-schoolers. Of the family day care providers sampled, 58% cared for more than one child from the same family. As discussed earlier, two types of day care homes are commonly recognized: family day care homes and group day care homes.

5.1.3 In-Home Care.

None of the states in Region X require state licensing of in-home care providers. The majority of in-home providers are found by the parents themselves and have only to be certified as a person at least 16 years old and both mentally and physically capable of caring for children. The turnover rate for this type of caregiver is generally much higher than family day care and center providers (Table 5.18) for reasons discussed later.

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TABLE 5.6
PROFILE OF PUBLICLY SPONSORED CENTERS RECEIVING FEDERAL SUPPORT IN REGION X

Center Size (licensed capacity)

	% of Centers (n=13)
Up to 30 children	53.8%
31-60 children	38.5%
More than 60	7.6%

Number of Years Licensed

	% of Centers (n=13)
Less than one year	7.7%
One to two years	15.4%
Two to five years	53.8%
Five to ten years	15.4%
More than ten years	7.7%

Federally Funded Children as Percent of Total Children Enrolled

% of Children Federally Funded in Center

	% of Centers (n=13)
Less than 20%	7.7%
20-39%	7.7%
40-59%	0.0%
60-79%	7.7%
80-100%	76.9%

Percent of Public Centers with Funding Sources in Addition to/Instead of Parent Fees

	% of Centers (n=14)	
Federal	78.6%*	
State	71.4%	(includes state-administered federal WIN/IV A payments)
Local	28.6%	

*Other federal sources here include Headstart (OCD), USDA, OEO, OE, NYC (DOL).

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Unlike family day care, there is no limit on the number of children who can be cared for, so long as they are members of the same family.

5.2 SERVICE NEEDS FOR CHILDREN AND PARENTS

No one setting or program can meet all of the child care needs in Region X. Care needs vary with the economic situation of parents and the physical and psychological needs of children. There are special care needs of handicapped or ill children, seasonal extended-hour care needs of agricultural or cannery workers, and needs for supervision of school-age children.

The external criteria which have been used to evaluate child care programs vary with the perceptions of the evaluator as to what child care "should" be. At this point, there is no consensus between federal and state child care administrators, providers, and consumers about what it should be. Both the 1968 and 1972 FDCR assume that child care should be comprehensive and provide everything necessary for the full development of a child's mental, physical, and social capabilities. States tend to see child care as a secondary service, supportive of job training or placement services. Providers see child care as an occupation that brings in very little money and requires many hours a day with the major rewards coming from working with children. Parents, of course, want the best possible care for their children at hours that meet their needs.

It is difficult to assess the adequacy of presently available services in Region X, because day care services are, essentially, uncoordinated at the regional, state, or local levels. There is no central point of referral for the parents looking for child care services nor for providers with available slots. It is possible, however, to describe the types of services available and to identify needs which are clearly unmet.

5.2.1 Types of Children Needing Care.

The largest age group served by day care centers in Region X includes children from three years old to enrollment in the first grade (see Tables 5.7 and 5.8). The second major group includes toddlers between the ages of 19 and 35 months. Very few infants and school-

TABLE 5.7
ACTUAL NUMBER AND PERCENT OF CHILDREN IN CARE
BY
AGE GROUP AND TYPE OF SETTING

Age of Children in Care	Centers						Homes						Total Number of Children in Care By Age
	Private Profit (n=23)		Non-Profit (n=33)		Public (n=13)		Family Day Care (n=276)		Group (n=19)		In-Home (n=280)		
	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent	
Infants (0-18 months)	14	2.1	44	4.2	11	6.3	143	11.3	16	8.7	72	10.8	300
Toddlers (19-35 months)	119	19.6	309	33.2	50	12.4	297	23.6	48	26.1	89	13.8	912
Pre-school (3 years-1st grade)	890	67.7	1382	46.8	331	81.3	438	34.0	87	47.3	220	33.1	3348
School age (1st grade-14 years)	49	10.6	183	15.8	0	0	382	31.1	33	17.9	283	42.6	930
TOTAL	1072	100.0	1918	100.0	392	100.0	1260	100.0	184	100.0	664	100.0	5490

TABLE 5.8
PERCENT OF CHILD CARE FACILITIES WHICH CURRENTLY ENROLL INFANTS, TODDLERS, PRE-SCHOOL & SCHOOL-AGE CHILDREN

Age of Children in Care	Percent of Providers Who Care for One or More Children in the Age Group					
	Centers			Homes		
	Private Profit (n=23)	Non-Profit (n=33)	Public (n=13)	Family (n=276)	Group (n=18)	In-Home (n=280)
Infants (0-18 mos.)	17.2	15.1	23.1	38.4	44.4	20.7
Toddlers (19-35 mos.)	78.3	69.7	38.5	64.1	83.3	26.8
Pre-school (3 yrs.-1st grade)	95.7	93.9	100.0	73.9	88.9	53.2
School age (1st grade-14 yrs.)	60.9	42.4	.0	30.4	94.4	45.4

age children receive center care in this Region. Family, group, and in-home providers usually are the only sources of care for the groups neglected by virtue of center schedules, required staff/child ratios, or other limitations.

Infants. Given the current interest in infant care and some of the empirical results which have come from research, the care setting that meets an infant's developmental needs best should have a small group of children of various ages. In addition, the staff should try to provide stable (through low turnover), warm, one-to-one relationships with the infants. *Day care homes offer more good infant care features than centers and certainly at less expense than centers.* At a one-to-four staff/child ratio (the 1972 FDCR ratio is one to three) experts estimate the cost of infant center care at $2500 per child per year. (This may be compared with the estimated annual $1500 per child cost for a full-day, comprehensive Head Start program for pre-schoolers.)

School-age children. *In the states in Region X, there has been inadequate attention paid to developing services for school-age children whose parents cannot be home before or after school.* Centers are certainly not designed or equipped to provide much attention to the school-age child. In most instances, centers have merely agreed to accept the older siblings of pre-schoolers at the center for a few hours after school, and there is no special program or staff effort directed at the needs of these children. *Most school-age children in the survey were cared for by family, group, and in-home providers rather than centers. In addition, home care providers paid more attention to older children's special needs (e.g., helped them with homework, listened to the events of the day, etc.) than was possible in most pre-school center settings.* The few special school-age programs in the Region were an obvious improvement over any other center care, but suffered considerable cutbacks as a result of the Title IV-A ceilings. *Portland, Oregon, has more specially designed school-age care available to its children than any other city in the Region.* Several rather large school-age programs operate in the public school buildings under the auspices of local, private, youth, or social agencies as well as under the school district itself. Aside from these and a few other much smaller programs, little attention is given to school-age care by the states in Region X.

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Handicapped children. *A noticeable gap in available services in both centers and licensed day care homes exists for care of the physically and emotionally handicapped child in Region X.* As Tables 5.9 and 5.10 indicate, so few centers or family and group day care homes care for these children that the numbers are meaningless, when compared with the total number of children with special problems.

Children of migrant workers. *The need for care of migrant farm worker children--to the extent that it is being met at all--is met almost exclusively by non-profit or public programs supported by federal or state funds.* The private centers and family, group, and in-home providers in our sample do not care for any migrant children at all. Without federal and state monies for special programs there would be no alternative for these rural, migrant parents who move through the states of Region X. A similar seasonally migrant population are the native Alaskans, who are flown to the Alaskan canneries daily during the fishing seasons. The only care available for their children is provided by friends or relatives in the native villages closest to the canneries or in their home villages. In only one village in the study was there a summer program designed specifically to meet the needs of this group--a program supported 100% by state and federal monies.

5.2.2 Parental Reasons for Selecting a Care Setting.

A group of parents whose children receive in-home care were asked why they selected this type of care. In general, in-home care serves children of parents whose work schedule, lack of transportation, special care needs for ill or handicapped children, or lack of existing options make it difficult or impossible for parents to use other types of care. A look at parental reasons for choosing in-home care and suggestions about how their needs could be better met, provides perhaps the best profile of the insufficiencies of current licensed day care facilities in Region X.

Range of choice. The ability to match needs with available child care facilities did not vary greatly across the four states. *Marked differences in the amount of day care available appeared between rural and urban areas, rural areas having few or no alternatives to in-home care, and the urban areas offering more choices but at*

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TABLE 5.9
PERCENT OF SAMPLED CHILD CARE FACILITIES, OTHER THAN IN-HOME, WHICH CURRENTLY ENROLL CHILDREN WITH SPECIAL NEEDS

Special Interest Type	Percent of Providers Who Care for One or More Children with Special Need				
	Centers		Homes		
	Private Profit (n=23)	Non-Profit (n=35)	Public (n=14)	Family (n=276)	Group (n=18)
Physically handicapped	13.0	30.3	14.3	3.6	11.1
Emotionally disturbed	26.1	31.3	14.3	6.5	.0
Migrant farm workers	.0	6.1	35.7	.0	.0
Bilingual or foreign language speaking children	4.3	25.0	42.9	1.8	11.1

TABLE 5.10
ACTUAL NUMBER AND PERCENT OF TOTAL CHILDREN IN CARE WHO HAVE SPECIAL NEEDS, BY TYPE OF SETTING

Special Interest Type	Centers						Homes			
	Private Profit (n=1072)		Non-Profit (n=1918)		Public (n=392)		Family Day Care (n=1260)		Group (n=184)	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Physically handicapped	5	.4	40	2.0	2	.6	10	.8	2	1.0
Emotionally handicapped	10	.8	99	5.0	3	.8	21	1.7	0	.0
Migrant farm workers	0	.0	109	5.5	118	29.7	0	.0	0	.0
Bilingual or speakers of a foreign language	2	.2	88	4.4	84	21.8	5	.4	3	1.5
TOTAL	17	1.4	336	16.9	207	52.9	36	2.9	5	2.5

higher costs and with more rigid schedules.

Health of the child. Another reason given for using in-home care is related to child health. Several mothers said that since licensed facilities make no provision for the care of sick children, they preferred their in-home care arrangement. *Other parents whose children are chronically ill or somewhat handicapped (e.g., leg braces) feel that center staffs cannot provide the amount of time required to properly care for their children.*

Transportation. The lack of transportation blocks many of these parents from using day care centers or family day care homes. *In small towns and rural communities, transportation emerged as a serious problem.* Suggestions were made that: day care centers should be built in the neighborhoods, not downtown, or that transportation should be provided, especially in towns where there is no mass transportation and there are many 'autoless' people.

Unusual working hours. *Parents whose working hours are exceptional often use home care, since center hours do not meet their needs.* Typically, parents requiring evening, overnight, and/or weekend care are employed as hospital aides, waitresses, in retail stores (that are open several evenings a week), or working two or more jobs, "to make ends meet."*

Parents with an "only" child. *Center or family day care home facilities have particular appeal to parents of an*

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*Three respondents state they have to hire two sitters: "The day sitter sends my children home at 5:30 p.m. so I have to hire someone else on Mondays, Wednesdays (sometimes as late as 9:30 p.m.), and Fridays to be with the children between 5:30 and 7:30 p.m. I also need child care on Saturdays when I work, so, I have to have a second babysitter. When the welfare check comes and I deduct the money to pay my Saturday sitter, the weekday gal thinks I'm cheating her." The third respondnet also stated that she must use a different sitter on Saturdays and Sundays.

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*only child, and would be used by many of the parents interviewed if hours, transportation, and costs were more suited to their individual needs.** Those respondents who don't find the center situation particularly appealing ("too large and impersonal") would like their children placed in family day care homes where they "could be with one or two other children so they can learn to play and share with others."

Educational setting. *A frequently mentioned area of concern to parents using in-home care for their children is the lack of learning stimuli provided by the caregiver.*** Many mothers recognized the need for their children to be in surroundings where they "can learn the basics of life, receive proper care, and enjoy themselves while learning to share with others." Although not wanting to place her child in a center for full 10 to 12 hours daily, one respondent indicated that she would like a program for two or three hours a day, a couple of days a week, where her child could have learning and socialization experiences.

Concern for quality care. While many of the respondents view day care centers and family day care homes as desirable alternatives to in-home care, some expressed concern about the quality of care received in such facilities:

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*When asked if their current arrangements met all of their child care needs, these "only child" parents usually responded negatively: "(She) needs to be with other children--she thinks she's 'top dog.' She also needs to be encouraged to learn and to use her mind," observed one mother. Another mother, whose child is frequently ill (hence, in-home care) noted, "The problem is, he enjoys other children but is so isolated at home." A nurse who works the night shift would like to have a center where the child could spend the night and then be with other pre-school aged children until noon.

**One mother, who uses both in-home and center type child care for her various aged children states, "I prefer an educational program to just a sitter." A respondent whose child's handicap necessitates in-home care (in the sitter's home) lamented, "My sitter doesn't offer enough learning activities--she allows him to watch too much TV." Her three school-aged children (9, 11, and 12 years old) fare for themselves after school: "I leave fruit or some after-school treat for them; they do their assigned chores; then, I'm afraid, it's the TV. I'm sure they need (contd.)

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"Centers need adequate personnel with enough experience to deal with all aspects of child care."

"I would prefer more adult supervision than the law provides. One person can't possibly watch 10 kids when some are indoors and others, out. (Somebody) has to change the law--centers won't voluntarily add extra staff."

"Some centers are more zoos than preschools. Teachers should be college-trained and be hired on a probationary basis. There should be better screening to keep people who don't care for children out of centers."

"If centers were operated as suggested (by licensing requirements), parents wouldn't have any problems and could get their jobs or studies done with complete ease of mind."

"I would like a larger indoor play area (in the center this respondent's child uses) for the older kids because too many get sick when they play outside in cold weather."

Likewise, family day care homes as a suitable alternative were viewed with reservations: "I believe all day care homes--or sitters--should be investigated by the parents using (their) services. A genuinely good sitter or home is almost impossible to find," states a respondent. Another observed, "Day care mothers should be up when the kids arrive; there should be no pets; and (they) should have a clean house."

Summary of parental needs. Generally, the parents, who responded in this survey, agreed that there is great need for all types of child care: full-day, half-day, hourly, before and after school, evening, overnight, weekend, and provisions made for the care of sick children. *Presently available extended hour, weekend, overnight care and care for sick children is provided almost exclusively in home care settings rather than in centers.* (See Tables 5.11 and 5.12). The need was

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me or some adult to talk to." Another parent related, "It's one thing to watch and care for the physical needs of children, but quite another to encourage learning. My sitter doesn't want to take the time to toilet train--and doesn't."

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TABLE 5.11
COMPARISON OF SERVICE FEATURES OF
THE VARIOUS TYPES OF CARE

Types of Care Offered	Percent of Settings in Region X which Offer the Care					
	Centers			Homes		
	Profit (n=23)	Non-Profit (n=33)	Public (n=13)	Family Day Care (n=276)	Group (n=18)	In-Home (n=280)
Full Day	100.0	97.1	92.9	94.9	94.4	All types offered, depending on age of children and parent situation.
Half Day	82.6	58.8	64.3	41.2	61.1	
Drop-In	56.5	20.6	21.4	37.1	55.6	
Before School	82.6	47.1	.0	35.3	44.4	
After School	91.3	52.9	14.4	51.5	61.1	
Overnight	4.4	.0	.0	22.8	38.9	
Weekends						
Occasionally	9.1	.0	.0	26.1	61.1	36.5
Regularly	4.5	.0	.0	13.3	27.8	15.3
Ill Children	.0	.0	.0	67.5	38.9	Always
Evenings	4.4	2.9	14.4	26.1	44.4	--
Holidays				16.9	33.0	50.4

TABLE 5.12
ACTUAL HOURS THAT EACH TYPE OF DAY CARE SETTING
IS OPEN TO CARE FOR CHILDREN

Hours	Centers			Homes		
	Private (n=23)	Non-Profit (n=34)	Public (n=14)	In-Home (n=125)	Family Day Care (n=258)	Group (n=18)
Time Facility Opens:						
Before 6:00 a.m.	.0%	5.8%	7.1%	0.8%	1.5%	.0%
6:00 - 6:45	47.8	14.7	7.1	8.0	16.3	16.7
7:00 - 7:45	43.4	64.7	57.1	29.6	45.4	44.5
8:00 - 8:45	4.3	5.9	21.4	28.8	22.9	11.1
9:00 a.m. & after	.0	8.8	7.1	32.8	13.2	16.8
Unknown	4.3	.0	.0	.0	.8	11.1
Total*	99.8%	99.9%	99.9%	100.0%	100.1%	100.2%
Time Facility Closes:						
Before 4:00 p.m.	.0%	5.8%	21.3%	13.6%	4.6%	.0%
4:00 - 4:45	.0	2.9	7.1	13.6	10.4	16.7
5:00 - 5:45	21.7	38.2	57.2	39.2	40.5	27.8
6:00 - 6:45	69.5	53.0	7.1	12.8	29.0	16.7
7:00 - 7:45	.0	.0	.0	1.6	4.2	11.1
8:00 - 9:00	8.6	.0	7.1	2.4	3.5	5.6**
Overnight care	.0	.0	.0	16.8	7.0	22.3
Unknown	.0	.0	.0	.0	.4	.0
Total*	99.8%	99.9%	99.8%	100.0%	99.6%	100.2%

*Totals may not equal 100% due to rounding error.
**Until midnight

stressed for more centers (with their educational and socialization components), family day care homes (which provide these features on a smaller scale for children who are not ready for a pre-school or center setting), and for more highly qualified in-home care providers.

Several mothers stressed the need for good, adult-supervised activities for their school-aged children after school. Assistance with homework and tutoring are also deemed desirable for this age group. Active, or job-type programs are wanted for children between 10 and 14 years old, especially on weekends, during the summer, and on holidays.

Although 90.6% rated their present child care arrangement 'satisfactory," the respondent who stated, "...my child doesn't receive my care," probably sums up the feelings of most of the parents surveyed.

5.2.3 Available Services in Day Care Centers.

The Westinghouse Learning Corporation developed three types or categories of day care centers based, essentially, on the scope of the services available to children. This typology was used to categorize the centers in a national sample by the breadth of their program offerings. Their center types were defined as follows:

> "Type A centers aim to provide what is generally known as 'custodial' care, that kind of care which is necessary for maintaining the physical well-being and safety of the child but without any systematic attempt to educate him. Good custodial centers approximate good home care. They have small child to staff ratios, variety and sufficient quantity of equipment and playthings, adequate space, safe environments, warm and child-loving adults, daily routines, nutritious food, and happy children.
>
> Type B centers may be identified as 'educational' day care. They provide an adequate child care program but few if any related services. These centers usually have a curriculum and, for part of the day at least, they approximate a kindergarten; they have a regulated, school-like atmosphere. Good educational centers have trained personnel on the staff and intellectually stimulating environments, i.e., games and toys designed for specific learning objectives, musical instru-

ments, art equipment, animals, plants, good books; and they keep progress records on the children.

Type C centers might be called 'developmental' or 'comprehensive' because they aim to provide everything necessary for the full development of the child's physical, mental, and social capabilities....A good developmental facility offers complete health care, social services to the family, parent education and involvement, in-service staff training, attention to the emotional and creative needs of children, and concern for community relations, in addition to adequate care and supervision."*

The scope of Region X sample centers' offerings was examined to see how many centers offered the full range of health, social service, parent education and involvement, staff training, and community relations services described for Type C centers. No one center in the sample provided all of these services. Publicly sponsored and funded centers provided many more services than other centers, and Head Start affiliate centers came the closest to providing this full range, including health care, attention to psychological problems, and social work services to families. This is not a surprising finding, since neither federal nor state standards require that such a full range of services be provided by centers. Tables 5.13, 5.14, and 5.15. display the percentage of centers which provide these various support services.

Health and psychological services. *In general, private-profit day care centers do not offer health care other than attention to emergency care needs* (see Table 5.15). This does not include payment for emergency care, rather it involves getting the child to a family doctor or emergency room. In those instances where preventive services such as diagnostic testing or immunizations are offered, the center doesn't pay for these services, but arranges for a public health nurse or private volunteer to provide the services. Dental, psychiatric, or medical care which involves unpredictable and unfixed costs cannot be built into a program which operates only on limited parent fees.

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*Day Care Survey, 1970: Summary Report and Basic Analysis, Westinghouse Learning Corporation, April, 1971. Included in Child Care Data and Materials, USGPO, June, 1971, p. 91.

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TABLE 5.13
HEALTH AND PSYCHOLOGICAL SERVICES PROVIDED BY DAY CARE CENTERS

Type of Service	Percent of Centers which Provide the Needed Service		
	Private Profit (n=24)	Non-Profit (n=35)	Public (n=14)
General Physical Checkup	8.4	14.0	49.7
Diagnostic Testing (e.g. hearing, sight)	25.2	40.6	49.7
Innoculations & Immunizations	12.6	31.9	49.7
Emergency Care	100.0	100.0	100.0
Other Medical Treatment	4.2	23.2	35.5
Psychological Assessment	8.4	23.2	35.5
Dental Examination	8.4	14.0	49.7
Dental Treatment	4.2	17.4	42.6
Psychiatric Care	.0	5.8	21.3

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Public and private non-profit centers receiving federal funds are the only centers that can support the costs of some medical services. In general, these centers are more closely tied in with other community health services, such as public clinics, community mental health centers, etc. However, with any cutbacks in the funding of these community health services, it is unlikely that public child care monies could absorb the costs of purchasing or providing private care services.

Social services to the family. *Very few centers of any type have a full or part-time social worker on their staff.* In the majority of all centers, regardless of sponsor, the center director fills the role of social services coordinator (Table 5.14). In many cases, this means talking with parents when a child's health or behavior requires some attention which the center cannot give. The exceptions are the public Head Start affiliated centers and some publicly funded migrant centers that incorporate parent education/social services.

Each center director was asked what he/or she thought a day care center's responsibility should be regarding social services for families of the children in care. The following were a few of their responses:

(Private-profit center directors)

"None, everytime we have tried to make suggestions in the past, parents would remove their children from the center. Washington

"We feel responsible to refer the parent to the family physician where decisions about further referrals would be made." Alaska

"If parents have any problem and ask, we feel we should try to refer them to help." Washington

"Not too much--we should not take all responsibility from the parent." Idaho

"We feel this is the province of other agencies. We feel center involvement in social services might inhibit families' use of center--families might be too proud to take children where we deal with family problems. However, we should be able to refer for help." Oregon

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TABLE 5.14
RESPONSIBILITY FOR SOCIAL SERVICES
IN DAY CARE CENTERS

	Private Profit (n=24)	Non-Profit (n=35	Public (n=14)
Center director	75.0%	69.6%	56.8%
Part-time social worker	4.2%	5.8%	14.2%
Other		14.5%	14.2%
No formal responsibility assigned	20.8%	17.4%	7.1%
Percent of centers which provide referral services to parents whose children may have behavioral or learning problems which require some professional attention	83.0%	72.5%	92.4%

(Private non-profit center directors)

"Only to direct them to needed services. They must take the responsibility." Alaska

"Encourage them to seek help from the proper agency." Idaho

"Report to parents, make referrals and try to do follow-up. Parents just don't seem to have time. I keep calling until they do something." (Church based) Oregon

"Should not be mandatory for centers--but we try to help parents with child rearing and help resolve conflicts." (Church based) Washington

"A lot--we try--we do a lot." (YWCA based) Washington

(Public non-profit center directors)

"100% within the capabilities of resources in community--does have limitations--client must be willing." (Head Start Affiliate) Washington

"Responsibility is to meet all needs when we can because no other agency is willing to seek out and find problems in this area of migrant, seasonal, poor farm workers." (Migrant Center) Washington

"Should have responsibility because center is often almost the only social agency with whom they have positive, continuous contact." Oregon

"Should be involved in referral, but limited to things close at hand. Otherwise we would spread ourselves too thin." (Head Start Affiliate) Idaho

"Only referral." Alaska

As these statements reveal, the philosophy of the sponsoring agency or group toward social services is strongly reflected in the day care centers which they operate. *In general, churches, YWCAs, and special federal programs (such as Community Action Agencies) feel more responsibility for providing social work services than other non-profit day care corporations or profit centers.* Private-profit and non-profit child care corporations that only operate child care centers do not see this as a primary role, or even an appropriate role, in many instances.

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Parent education and involvement. As discussed below in the section on parental involvement, formal parent involvement and parent education are not seen as high priorities by private-profit center directors. Again, programs receiving federal or state grants, often using guidelines for parent involvement, have the greatest degree of formal parent participation in center policy making and other center functions. The 1972 FDCR requirement that each center enrolling 15 or more children have a parent advisory body will have considerable effect on private-profit center operators who tend not to involve parents in policy-making functions at present.

Transportation. The lack of this service often prevents parents from using center care. *Of the centers included in the sample, 55% were accessible by private transportation only.* When asked how many centers provided transportation to and from centers, considerably less than 55% indicated that they provided this service (see Table 5.15).

TABLE 5.15
PERCENT OF CENTERS WHICH DO NOT PROVIDE TRANSPORTATION TO AND FROM THE CHILD's HOME OR SCHOOL

	Private-Profit (n=23)	Non-Profit (n=33)	Public (n=13)
Center doesn't provide transportation for those children who need it	95.7%	81.8%	71.6%
Center doesn't provide transportation for all enrolled children	95.7%	84.4%	92.9%

As anyone who has worked in human services, outreach, or rural school programs knows, a transportation component can be very expensive. Again, it is hard to imagine how large private programs which operate on parent fees only could afford to provide transportation services. According to the operators in this sample, they cannot.

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5.3 A DESCRIPTION OF DAY CARE PROVIDERS

As is commonly known, child care requires an enormous amount of energy and effort. Providing an atmosphere which fosters the growth and security of children eight to fourteen hours a day, five days a week, can be physically and emotionally strenuous though rewarding. It is of interest to look at the characteristics of the considerable number of women and the few men who have chosen to provide care for children as an occupation. As an introduction, Tables 5.16 to 5.18 indicate Region X providers' ages, years in day care, hours per day they work in day care, and their reasons for entering the field.

As Table 5.16 shows, different care settings tend to attract different age groups. *Forty-five percent of all center staffs and 41% of all in-home providers are 25 years old or younger.* This contrasts with the 14.1% of family day care providers who are 25 or younger. *Fifty-five percent of family day care providers--many of whom care for their own children along with the children they take in for care--are between the ages of 26 and 44.*

Day care is almost exclusively a woman's occupation in Region X. (See Table 5.17) Only 11% of all center staff are men, while no family day care providers and only one in home provider was a man. This reflects the traditional low status of child care as an occupation for men. In addition, the income derived from child care is quite low for household heads, although women who are heads of households work in the profession.

The majority of home care providers surveyed have not worked as child care providers for a very long period of time. *Sixty-eight percent of family day care providers, 55.6% of group care providers and 87.9% of in-home care providers have worked as day care providers for less than two years.* (See Table 5.18.)

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TABLE 5.16
AGE OF CHILD CARE PROVIDERS

Age Groups	Centers (n=648)	Family Day Care (n=276)	Group (n=18)	In-Home (n=280)
Under 18	0	0	0	13.5%
18-25	45.2%	14.1%	5.9%	27.3%
26-34	21.1%	33.7%	23.5%	20.6%
35-44	16.7%	20.9%	23.5%	13.5%
45-54	11.9%	19.9%	5.9%	10.6%
55-64	5.1%	10.5%	29.4%	9.9%
65 years or older	0	1.5%	11.8%	4.6%
TOTAL	100.0%	100.0%	100.0%	100.0%

TABLE 5.17
SEX OF CHILD CARE PROVIDERS

	Centers			Homes		
Sex	Profit (n=192)	Non-Profit (n=360)	Public (n=129)	Family (n=276	Group (n=19)	In-Home (n=280)
Women	91.7%	88.1%	87.6%	100%	100%	99.6%
Men	8.3%	11.9%	12.4%	0	0	.4%

TABLE 5.18
LENGTH OF TIME WORKING IN THE FIELD OF DAY CARE

	Center Directors* (n=72)	Family Day Care** Providers (n=276)	Group** Providers (n=18)	In-Home Providers (n=280)
Less than one year	8.3%	37.3%	27.8%	52.5%
One to two years	13.9%	26.5%	16.7%	25.4%
Two to five years	31.9%	25.7%	22.2%	12.5%
Five to ten years	20.8%	5.5%	11.1%	6.4%
More than ten years	25.0%	.3%	11.1%	3.2%
TOTAL	100.0%	100.0%	100.0%	100.0%

*Number of years center directors have been in the field of day care in some capacity, e.g., teachers, etc.
**Number of years providers have been licensed.

It was not the design of this study to develop measures of provider or environmental characteristics associated with quality care. Rather, the indicators of quality interaction and setting features that have been developed in other day care studies were used. For example, in a center setting, the Massachusetts Early Education Project (MEEP) identified four areas which seemed critical to the successful operation of a child care center: staff, curriculum, administration, and parents.* In discussing staff characteristics which impact the quality of care, the MEEP project cited the following features as critical: factors of staff selection, staff training, and working conditions.

5.3.1 Staff/Child Ratios.

The recent study by ABT Associates of exemplary child care programs, concluded that staff/child ratios (staff being defined as all paid and volunteer workers) provide a key indicator of the "warmth" of the center.** The ABT study noted that centers that had lower ratios of staff to children, e.g., 1:3 to 1:5, provided a "warmer" atmosphere of interaction than those with higher ratios. This finding is corroborated by the work of Elizabeth Prescott*** and June Solnit Sale**** in the family day care situation. Sale finds that three to five, depending on the family day care mother, is evidently the optimal number of children, particularly when one or more is an infant or toddler. Above that, the individual child gets lost in the shuffle, and below it, he may receive too little stimulation. Sale also makes an interesting point, which Unco's field experience confirms, namely that most of the family day care mothers are aware of their own limitations and are self-regulatory in the number of children they care for.

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*"Child Care in Massachusetts: The Public Responsibility," Mass. Early Education Project, Richard Rowe, 1972. Reprinted by DCCDCA, p. 52.

**"A Study of Child Care, 1970-71," ABT Associates, 55 Wheeler Street, Cambridge, Massachusetts, April, 1971.

***Prescott, E. and E. Jones. An Institutional Analysis of Day Care Programs, Part II, Group Day Care: The Growth of an Institution. (Pasadena, California: Pacific Oaks College, 1970)

****Sale, June Solnit, Open the Door...See the People, (Pasadena, California: Pacific Oaks College, 1972) p. 24.

This may result in their caring for fewer children than they are licensed to do, or feeling frustrated by their licensed limitation on number of children.

TABLE 5.19
AVERAGE STAFF/CHILD RATIOS IN
REGION X DAY CARE SETTINGS*

	Centers	Family Day Care	Group Day Care	In-Home
Average ratio, including own children	N/A	1:6	1:11	1:2
Average ratio without own children	From 1:5 to 1:10	1:4	1:8	N/A

*Averages rounded to nearest whole number.

If ABT, Sale, and Prescott are right, then *the family day care setting more frequently provides the optimal staff/child ratio than does the typically higher ratio center setting and lower ratio in-home situation.* (See Table 5.19.)

5.3.2 Factors of Staff Selection: Previous Education, Training, and Work Experience.

Although it is common for centers to select staff on the basis of their formal educational qualifications, the ABT study found no correlations between formal education of staff and "warmth" of centers. Unlike the center staff selection process, the state licensing procedures for family, group and in-home day care providers do not involve screening on the basis of educational background. The ABT result does not suggest that formal training has no impact on a day care center programming. Rather, it suggests that the formal educational level of the providers is not a sufficient index to predict a "warm" center atmosphere.

In contrast with the very few family, group, and in-home providers who have college degrees, a large proportion of the center directors interviewed had an undergraduate or Master's degree (see Table 5.20).

TABLE 5.20
FORMAL EDUCATIONAL BACKGROUND
OF PROVIDERS RESPONSIBLE FOR CHILD CARE
PROGRAMS IN REGION X

Years in School	Center Directors (n=72)	FDCH Providers (n=276)	Group Providers (n=17)	In-home Providers (n=280)
Less than twelve years	2.9%	34.1%	35.3%	38.0%
High school graduate GED	5.6%	34.8%	23.5%	36.3%
Some college or vocational education	23.6%	28.6%	35.3%	25.0%
Two year degree/AA	4.2%	--	--	--
College graduate	44.4%	2.5%	5.9%	.7%
Master's degree +	13.9%	--	--	--
Other	5.6%	--	--	--

Paralleling the national profile of center director education described by M.D. Keyserling, public and private non-profit center directors were more likely to have one or more academic degrees than directors of private-profit centers.* Interesting, also, is the wide variety of academic backgrounds represented in the sample. Of the center directors interviewed, 33.39% have a degree in either education, child development, child psychology, or early childhood education (Table 5.21). Another 9.7% have had some college level work in these subjects, but have not completed a degree.

Table 5.22 displays responses by family, group and in-home providers as to whether they had ever had any training, perhaps less formal, for working with children while they were in school, through their church, as a scout or 4-H leader, or elsewhere.

At present, the majority of providers of care in private homes are women who do not have much experience in other occupations (Table 5.23). They do not have the formal education to prepare them for other occupations and, in many instances, they have not recently worked outside the home. Many of the family day care mothers expressed a lack of confidence to work in other occupations outside the home because of their lack of prior experience. Most of them seemed secure in providing care for children and many preferred to stay home and care for their own children. *Sixty-five percent of the in-home care providers and 63.6% of the family day care providers have children of their own and have gained considerable confidence in child care as a result.* (Table 24.)

5.3.3 In-Service Training Opportunities for Providers.

Recent studies report that formal training is not necessarily a good index of caregiver potential or competence. One study noted that informal measures of interest and socially agreeable personality traits assessed by interviews appeared more promising.** In the Pacific Oaks Project, they found the trait "eagerness to learn" to be more valuable than "formal

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*May Dublin Keyserling, Windows on Day Care, (N.Y.: National Council of Jewish Women) 1972, p. 95.

**Codora, Carol, and John Cowles, "The Problem of Selecting Adults for a Child Care Training Program: A Descriptive and Methodological Study," Child Care Quarterly, Vol. 1, No. 1 Fall 1971, pp. 47-55.

TABLE 5.21
A PROFILE OF CENTER DIRECTORS' FORMAL EDUCATIONAL BACKGROUNDS BY CENTER SPONSOR TYPE

Center Directors' Degree/Major	SPONSOR TYPE: Private Profit (n=24)	Private Non-Profit (n=34)	Public (n=14)
Master's Degree			
History	--	1	--
Education (Elem or Sec.)	--	1	--
Child Develop.	--	--	1
Early Childhood Education	--	1	--
Social Work	1	--	--
Nursing	--	1	--
Psychiatric Nursing	--	1	--
Spanish	--	--	1
Total MAs	1 4.2%	5 14.5%	3 21.3%
Bachelor's Degree			
Social Work	--	--	1
Early Childhood Education	--	1	2
Education (Elem. or Sec.)	5	7	1
Child Psychology	--	1	--
Child Development	1	--	--
Nursing	1	1	--
Special Education	--	1	--
Art	1	--	--
English	--	2	--
Psychology	--	1	2
Sociology	--	2	--
Total BAs	8 33.6%	16 46.4%	6 42.6%
Associate/2 yr. Degree			
Early Childhood	2	--	--
Physical Education	--	1	--
Total AAs	2 8.4%	1 2.9%	0
Some College			
Nurses Training	1	--	--
Education (Elem. or Sec.)	1	1	--
Early Childhood Education	3	2	2
Bookkeeping	1	1	--
Unspecified	3	5	2
Total Some College	9 37.8%	9 26.1%	4 28.4%
High School/GED	2 8.4%	1 2.9%	0
Less than high school	2 8.4%	2 6.4%	0

TABLE 5.22
PERCENT OF HOME CARE PROVIDERS
WITH TRAINING RELATED TO WORKING WITH CHILDREN,
AND THE SOURCE OF TRAINING

	Family Day Care Providers (n=276)	Group Providers (n=18)	In-Home Providers (n=280)
Yes, have had training	46.2%	50.0%	46.4%
Training Source:			
In School	26.9%	44.4%	40.2%
Church	18.5%	11.1%	10.0%
Scouts/4H	23.5%	11.1%	12.8%
Other special child development classes	12.6%	33.3%	9.5%
By being a mother	7.6%	--	16.9%
Other	10.9%	11.1%	10.1%

TABLE 5.23
HOME CARE PROVIDERS' PREVIOUS
JOB EXPERIENCE AND ATTITUDES ABOUT
PROVIDING CHILD CARE

Would you rather be doing something other than providing child care?

Family Day Care Homes	Group Homes	In-Home Providers
Yes 15.4%	Yes 0	Yes 41.8%

What were you doing before you began operating a day care home or providing in-home care?

	Family Day Care Homes	Group Homes	In-Home Providers
Working	33.8%	61.1%	30.5%
Unemployed	66.2%	38.9%	69.4%*

*15.6% of this group were in school/training just prior to caring for children.

Providers' Former Employment

Job Categories	FDCH/Group (n=294)	In-Home (n=280)
Educational aide	12.2%	2.6%
Health Services	6.9%	21.1%
Office/Clerical	15.3%	10.5%
Retail Sales	10.7%	15.8%
Food Service	15.3%	7.9%
Factory/plant work	7.6%	18.4%
Domestic/maintenance	6.9%	10.5%
Agricultural	1.5%	2.6%
Small business in home	14.5%	5.3%
Other	5.3%	5.3%

TABLE 5.24
HOW PROVIDERS ENTERED DAY CARE

Reason	Center Directors (n=72)	Family Day Care Providers (n=276)	Group Providers (n=18)	In-Home Providers (n=280)
College preparation	24.6%	--	--	--
Took a job in a center and liked it	39.7%	--	--	--
Like to work with children	15.1%	36.8%	39.2%	29.5%
Referred to a vacant position	13.7%	--	--	--
Needed care for my own children	2.7%	16.9%	22.4%	--
Needed the income	--	41.9%	33.6%	44.6%
Wanted companions for my children	--	13.4%	--	--
Did it as a favor	--	12.6%	5.6%	10.4%

training" in helping family care mothers provide quality care.*

In asking the home care providers (who had not had any training previously) whether they would like some training in working with children, the following responded that they would like some training: 38.4% of the family day care providers, 40% of the group day care providers, and 35.3% of the in-home providers.

A provider's willingness to learn is not enough to assure quality care; there must be opportunities available where learning can take place. The experience of MEEP suggests that the availability of a good in-service training program is at least as important as the staff's formal educational background.

> "In child care, it seems to be important for staff to have opportunities to share and reflect on their experiences in the center together; to learn new activities, and to find answers to their questions about the children."**

Unco's field work experience also suggests that the degree of staff enthusiasm for a program seems to be greater in centers where staff members have an opportunity to learn together

If, indeed, the availability of opportunities for care-givers to share their experiences on a regular basis is an important element in assuring quality care, then family day care and in-home providers are categorically at a disadvantage due to their frequent isolation from other persons providing child care and lack of ongoing in-service help.

In the few day care systems*** where family day care providers are in touch with each other regularly, system administrators remarked on the considerable amount of

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*Sales, *op. cit.*, p. 13.

**Rowe, *op. cit.*, p. 53.

***A system includes several family day care homes linked to a main center.

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information sharing and informal training that was done by day care providers in their meetings. An interesting example of this informal training involved a woman whose background had taught her to serve meals to the children which were almost exclusively composed of starches. In discussing nutrition at a series of family day care provider meetings, the other mothers made a variety of suggestions of ways that she might add proteins and other vitamins to the meals. She accepted these suggestions and changed her menus.

The survey also asked day care home providers about affiliations with local, state, or national day care provider associations or with persons who could link them with other providers or new ideas. The results, when compared with center directors' responses to the same question, reflected the family and group day care providers' isolation and lack of professional background: 71.2% of center directors had such affiliations, while only 14.5% of family day care providers and 11.1% of group day care providers did.

Day care center staffs may have more opportunities for interaction and improvement than home care providers, particularly in the larger centers where there are several staff members (see Table 5.25). However, particularly in private profit and non-profit centers, formal staff development is often considered a luxury requiring too much time and money.

5.3.4 Working Conditions

Working conditions in centers and homes is a subject deserving considerably more scrutiny than it has received. In centers it is possible to try out different staffing patterns and ways of grouping children. Unpaid volunteers and students may be used to relieve or supplement staff. Staff in centers may be scheduled so that they have some time to themselves each day or have an opportunity to participate in staff meetings, training or activity planning sessions. *With in-home care and family care home situations, it is rare that a provider has anyone nearby to relieve her when she needs time to herself or wishes to improve her skills through training. Further, while center staff can usually arrange their schedules to avoid over-long days, Region X in-home and family day care providers' typical and unrelieved schedule averages at least 10 hours per day for five or more days per week (Table 5.26).* One family day care provider, who was linked to a system of providers in the Region, expressed difficulty in arranging her time to take

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TABLE 5.25
ON-THE-JOB SUPPORT AVAILABLE TO
DAY CARE CENTER STAFFS

	Private Profit (n=24)	Non-Profit (n=35)	Public (n=13)
Center director is a person with a college level specialty in early childhood education, child development, or child psychology.	12.5%	11.8%	21.4%
Center has an in-service training program for care-giver staff:			
Formal in-service training	8.7%	47.2%	57.1%
Informal in-service training	60.9%	44.4%	35.7%
TOTAL:	69.6%	91.6%	92.8%
Frequency of center staff meetings:			
At least once a week	33.6%	51.4%	77.8%
Every two weeks	8.4%	5.7%	23.1%
Monthly	8.4%	25.7%	.0%
Unscheduled	37.8%	8.6%	.0%
TOTAL:	88.2%	91.4%	100.9%
Other outside training is offered to staff (e.g., consultants, workshops, etc.).	54.5%	83.3%	69.2%
Agency which administers federal funds has offered staff training.	6.3%*	25.7%**	46.2%***
Center staff has paid leave for staff training outside the center.	17.4%	55.6%	42.9%
Staff members are given first aid training:			
Yes, all staff	25.0%	37.1%	46.2%
Yes, selected staff	50.0%	25.7%	7.7%

*Portland 4-C's

**Portland 4-C; Northwest Rural Opportunities via Yakima Valley College; Community Development Corporation; RTO at Alaska Methodist Univ. Headstart; Red Cross for EEA workers.

***School District; Head Start; NW Rural Opportunities.

TABLE 5.26
AVERAGE NUMBER OF HOURS PER DAY THAT
CENTER STAFF/CAREGIVERS PROVIDE CARE FOR CHILDREN

Centers	Family Day Care Home	Group	In-Home
8	11	12	14*

*Reflects 21.7% of caregivers who live in the same household and can, in effect, provide 24-hour care.

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care of family errands with her twelve to fourteen hour workday. At the time of the interview she was proposing to the system's central administration that a rotating relief person be hired to release each family day care mother in the system for several weekday hours for this purpose. Such improvements in the working conditions of home child care providers would very likely improve the morale and turnover rates.

Although day care center staff with the exception of most center directors work eight hours a day or less, the salaries and fringe benefits which they receive are considerably less than those of teachers in public systems, for instance (see Table 5.27).

Day care center operators frequently listed staff turnover as a result of staff members finding jobs with better pay as a major problem in center operations.

5.3.5 Job Satisfaction of Family Day Care Home Providers.

Most family and group day care home operators seemed to be happy providing care for children. Of the 15% who would like to do something other than operate a day care home, the majority wished to continue in the field of child or youth services, but in some other capacity. Some had plans to return to school, when their own children are older, so they might pursue careers as youth/school counselors, working with handicapped children, teaching, etc. Others thought they might prefer working in day care centers. Still others would either like to expand their present facilities to group home capacity or operate their own centers.

Two respondents stated they would like to work in their respective state's day care licensing offices, expressing some doubt as to how thoroughly family day care homes and day care centers are really investigated. One operator felt the need for provider training and would like to become involved in that aspect of day care.

Again, since 17% became involved in day care to solve their own child care needs, any plans to return to school or the labor market depend upon their children entering school or reaching a stage of maturity where the mother could feel comfortable being out of the home.

Lack of satisfaction with the career of child care itself, coupled with the problems posed by parents and

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TABLE 5.27
A COMPARISON OF STATE TEACHERS BENEFITS
WITH DAY CARE CENTER
EMPLOYEE BENEFITS

	Private Profit Centers (n=23	Private Non-Profit Centers (n=33	Public Centers (n=13)	Example Comparison Washington State Teachers
Workman's Compensation	65.2%	69.4%	92.9%	Paid under state law
State Unemployment Insurance	73.9%	66.7%	71.4%	Not yet state law
Health Insurance	30.4%	36.1%	92.9%	100% available--members pay part of premium
Life Insurance	0.0%	11.1%	71.4%	100% available--members pay part of premium
Retirement Program	4.3%	13.9%	50.0%	State Teachers Retirement
Paid Vacation	39.1%	58.3%	78.6%	Salary distributed over contract period
Paid Sick Leave	30.4%	69.4%	78.6%	Provided all under state law
Paid Leave for Staff Training	17.4%	55.6%	42.9%	Sabbatical privilege with partial salary
Tuition Assistance	14.4%	30.6%	57.1%	None, but salary during sabbatical period

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dealing with the welfare department, made "outside" employment appealing to another segment of those surveyed. The need for a dependable income, contact with other adults, or simply the need to be "out" were cited as reasons for seeking other employment.* Finally, there are those who, due to their own family situations--widowed, husband incapacitated or in school--require additional income and plan to discontinue as soon as personal circumstances permit.

For the most part, however, these caregivers enjoy working with the children, like being at home to provide for their own families, view the income as supplemental, and state they desire no change of employment status. "Can't think of anything better to do than to provide this service to children and their mothers who can't be with them," summed up one family day care mother.

5.3.6 Job Satisfaction of In-Home Care Providers.

More in-home providers (42%) than family day care providers (15%) responded that they would prefer to do something other than provide in-home care. This really is not too surprising for several reasons:

The telephone interviews with in-home providers revealed that many of them had been persuaded to provide care when their daughters or sisters were unable to find any other reliable in-home providers. Several grandmothers, particularly, said that they would not be taking care of children, but because they were

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*Several providers were so discontent with their relationships with parents and welfare department personnel, they were planning to discontinue their family day care homes:

> "I agreed to do this for a friend--I'll be glad when this job ends,"
>
> "...I'm stopping all day care; I've notified all my parents that (date) is my last day,"
>
> "I would rather just babysit (unlicensed, for people she knows), and be paid regularly instead of having the long delays in receiving welfare payments."

grandchildren, the respondents were really doing it as a favor.

Further, 42% of all in-home providers are under 25 years old. *For the 14% of this group who are 18 or younger, in-home care is seen more as a "babysitting" job, which would not interest them as permanent employment.* Given the average number of children in care in an in-home situation (2.4), the maximum gross salary per month, in Idaho, for example, which pays a maximum of $4.50/day for 2 children, would be about $97.75. *The 27% of in-home providers who are between the ages of 18 and 25 would probably not consider the income produced from in-home care adequate or the job desirable as a permanent position.*

Many in-home providers expressed their feelings that the job didn't provide enough income, but that it was all they could find, given their lack of other job experience.

Field experience suggests that there are probably several other factors which affect the job satisfaction and turnover among in-home providers:

1. Some local office licensing workers say that in-home care is often used as a child care stop-gap until a family day care home or center situation can be found.

2. Relatives of mothers who have found work or training have agreed to provide care for their children, but are not interested in providing care for any other children once their relative has found another source of care or returns to the home.

3. Non-related women or teenagers (probably friends or neighbors) agree to care for a mother's children but either the mother or provider is not satisfied with the arrangement. When the provider leaves the "babysitting" job, she is not likely to reappear as a provider of care to a public assistance parent.

4. Neighbors or friends agree to care for children until the parent finds another child care arrangement. Care is provided as a favor with no interest on the provider's part to continue caring for other children.

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Most respondents stated they would prefer "permanent/ full-time/steady" employment that pays a better wage and permits social contacts. The fields of electronics, computer programming, accounting, nursing, retail sales, and beauty operator were mentioned as being desirable alternatives. The lack of training and/or previous work experience presented the major block to those seeking other types of employment; and some expressed the desire to pursue training. Of the respondents expressing no desire for "outside" work, some reported that they would prefer not to continue in day care, but simply to resume their housewife roles. Health and age also limited some of these providers from employment in other types of jobs.

5.4 PARENT INVOLVEMENT IN REGION X CHILD CARE

5.4.1 Day Care Centers.

Beginning with the public financing of the Head Start compensatory education program in 1965, formal parent involvement has been an integral part of the guidelines of early childhood programs seeking public funding. The 1968 federal standards require any day care center serving 40 or more children to have a policy advisory committee made up of at least 50% parents or parent representatives. As a result, many day care centers which receive direct public funds in Region X have some formal parent body which usually acts in an advisory capacity to the center (Tables 5.28a and b).

Building active parent involvement in child care programs is a task requiring considerable skill and effort. Center director opinions about the difficulties range from a feeling that most working parents are too tired to involve themselves in day care programs, that parents are unable to contribute anything concrete to the program, and that parents require more education than center staff time allows. Private proprietary centers, not under the public program guidelines, generally do not have formal parent involvement in the center program. The prevalent opinion among private center operators, who have not tried to involve parents in center advisory functions, is that parents are not interested in this participation.

Public program guidelines which specify the form and function parent involvement is to take may make it difficult for administrators unfamiliar with program flexibilities to coordinate the child care efforts of a single agency with child care funding from more than one public source. An example is a private social agency visited during this study which operates one federally funded child care program and another program funded with state monies. The program administrator has outlined cost efficiencies that would result from combining the administrative tasks, specialist support, staff training, and other program functions. However both the funding restrictions on combining the monies and the differing guidelines for parent involvement impede the possibility of combining the programs' funds and/or parent advisory boards to achieve these efficiencies.

Because of the large number of children served in a day care center--from 12 to more than 100--it is more difficult for center staff and parents to maintain the

TABLE 5.28a
A PROFILE OF DAY CARE CENTER RELATIONS WITH PARENTS

Percent of Centers Which Have Formal Parent Involvement

	Private Profit (n=23)	Private Non-Profit (n=35)	Public (n=14)	Total Centers (n=72)
Parent Council/ Advisory Group	12.9%	43.5%	63.9%	44.1%
Parents on Center or Agency Board	8.6%	49.3%	42.6%	35.3%
Parents Hired as Staff	17.2%	31.9%	49.7%	32.4%
Parent Volunteers	33.4%	52.9%	56.8%	50.9%
No Formal Parent Involvement	43.0%	14.5%	21.3%	22.1%

Functions of Parent Advisory Groups in Centers Which Have Them (n=39)

	Percent of Advisory Groups*
Screen and Hire Center Director	37.0%
Screen Other Staff Applicants	23.3%
Advise Staff in Program Planning	34.3%
Provide Volunteers, Supplies, Etc. to Center	35.6%
Periodically Evaluate Center Program	35.6%
Review and Approve Applications for Federal Dollars	28.8%
Review Parent Grievances	27.4%
Organize/Sponsor Training for Parents	15.5%
Set Center Policy	16.4%

*A center may have more than one type of parent involvement.

TABLE 5.28b
CENTER RELATIONS WITH PARENTS (contd.)

Parent Conferences
(n=72)

	Percent of Centers
Informal/Unplanned (i.e., at pickup or drop-off time)	73.9%
Formal Group Conference - less than one/month	12.5%
Formal Group Conference - at least one/month	9.3%
Individual Parent Conference - less than one/month	10.0%
Individual Parent Conference - at least one/month	8.7%
Individual Parent Conference, as requested by parent or caregiver	52.2%

Informal Parent Involvement
(n=72)

	Percent of Center Directors Responding "Yes"
Are parents encouraged to visit, observe, and participate in the care at the center?	83.6%
Is there a bulletin board or newsletter to inform parents of center schedule, program changes, etc.?	82.2%
Is there a suggestion box of other mechanism available to parents to make suggestions, etc.?	42.5%
Do you have outside social contacts with some of the parents of children enrolled in the center?	65.8%
Can you think of any specific changes that have occurred as the result of parent involvement?	39.7%
Do you have any written parent grievance procedures?	18.1%

informal relationships which characterize the home care settings. In larger centers the teachers or center director may not be at the center during the early morning drop-off or evening pickup times, but rather assistants or a rotating group of center staff may cover the center at these hours. Even when the center staff is available, parents often drop children off at the door and hurry to work. In order to ensure parent contact with caregivers, several centers in Region X require that the parent sign the child in and out each day. Other mechanisms have been developed to increase the amount of parent input and awareness of center programs, such as suggestion boxes, monthly parent/staff dinners, and formal parent meetings.

5.4.2 Family Day Care Homes.

Family day care homes and in-home child care situations, far more than center care, are built on personal relationships between parents and the child care providers. The private home care setting can offer a number of features that center care cannot. Parents tend to be directly involved on a daily, informal basis with providers to a much greater extent than in a center care situation (Table 5.29).

Many family day care providers use an informal screening process by which they tend to accept children for care who are near in age to their own children at home. In addition, they look very hard at the parent expectations and attitudes about their children and the care setting. Several family day care providers remarked that they had not accepted a certain child because they had not seen "eye to eye" with the parents on some aspect of care. Several providers also recalled situations in which they had to ask parents to find other care after a child had been accepted. In one instance, a parent inevitably sent the child for care in dirty clothes. The family day care mother worried about this, and began keeping a clean supply of clothes for the child to wear during the day, changing the child back to the clothes he came in just before the parent came to pick the child up. The provider broached the subject several times with the mother, and even discussed it with the caseworker. Finally the discontinuity of values between the provider and parents led the provider to suggest the parent find another source of care.

To increase parent education, one of the exemplary day care systems in this Region has an interesting mechanism

TABLE 5.29
A PROFILE OF FAMILY DAY CARE PROVIDERS'
RELATIONS WITH PARENTS

65.99% of the family day care mothers interviewed said they were well acquainted with all of the parents whose children they cared for. Another 27.9% said they knew some of the parents well, while only 6.2% felt they knew none of the children's parents.

72.3% of the day care mothers estimated that they spend from 10-30 minutes each day with the parents of the children they care for. Only 1.1% do not spend some time with parents each day.

74.1% of the family day care mothers say they encourage parents to visit, observe and participate in the care of their children.

94.6% of the family day care mothers make a point of discussing their concerns about the child's development or behavior with parents.

The following were positive responses to "Do you have any problems with parents of your day care children?"

Regarding payment of fees	43.5%
Regarding pick-up time	38.0%
Regarding diecipline	5.8%
Bringing sick children	37.5%
Regarding absences	38.0%
No problems at all	64.2%

for extending parental involvement beyond this one parent/one provider relationship. The system has a parent group drawn from the parents of all the children in the center in the satellite family day care homes. This larger parent group can compare the relative benefits of the various child care settings and generally benefit from their association with other mothers who have similar child care needs.

5.4.3 In-Home Care.

In-home providers are unique in the fact that they care for children from only one family. As a result, relations between providers and parents are usually quite close (see Table 5.30). *About 30% of all in-home providers are relatives of the children for whom they provide care.* Further, 56% of the in-home providers provided care in the children's own home and were integrated into the children's natural family setting. The care of children in their own homes is certainly the least disruptive of children's normal routines. This is particularly true when a child becomes ill.

A particular strength of the in-home care setting is the low incidence of parent/provider problems (see Table 5.30).

Although parents reported considerable difficulty in finding good and reliable in-home providers, once this was accomplished, very few were dissatisfied with their in-home situation.

The only parent group interviewed in this study were parents who used in-home care services. How satisfied were they with these services? Would they change to another form of care for their children? Their responses to the questionnaire are displayed in Table 5.31.

TABLE 5.30
A PROFILE OF RELATIONS BETWEEN IN-HOME PROVIDERS AND PARENTS

28.9% of all in-home providers are relatives of the children they care for.

56% of the in-home providers care for children in the parents' own home.

79% of the parents located and hired the in-home provider themselves rather than being referred to a provider agency.

In addition to their child care services to parents, those providers who work in the parents' home provide the following homemaker-type services routinely:

Light housework	54.8%
Cooking for the family	36.4%
Heavy cleaning	8.2%
Laundry and/or ironing	10.2%

The following were in-home provider responses to "Have you had any problems with parents of the children you have cared for?"

1. Yes, being paid on time	9.8%
2. Yes, hours I am to work	5.7%
3. Yes, differing ideas about care or discipline of children	6.4%
4. Yes, other	9.8%
5. No	68.2%

TABLE 5.31
PARENT SATISFACTION WITH THEIR
IN-HOME CARE SERVICES
(n=168)

64.2% of parents said they were very satisfied with their present in-home sitter services. 26.4% were satisfied, and 9.5% were not satisfied.

"If you had a choice of types of care for your infants or pre-schoolers what three types would be your preferences?"

	1st choice	2nd choice	3rd choice
1. A sitter in my home (relative)	23.1%	19.4%	13.1%
2. A sitter in my home (nonrelative)	16.1%	21.6%	19.0%
3. Head Start	7.7%	12.2%	18.3%
4. A day care setting with more than 12 other children	7.0%	9.4%	11.7%
5. A day care setting with fewer than 12 other children	4.2%	20.9%	20.4%
6. Would prefer to stay home and care for my infant/pre-schooler	39.2%	12.2%	13.9%
7. Other	2.8%	4.3%	3.7%

5.5 PROBLEMS CONFRONTING DAY CARE PROVIDERS AND PARENTS

5.5.1 Day Care Centers.

Region X center directors, family day care mothers, and in-home providers were asked what they considered to be the three main problems which they face in providing care. (See Table 5.32 for a summary.)

TABLE 5.32
THREE PROBLEMS MOST FREQUENTLY MENTIONED BY CENTER DIRECTORS

	Private-Profit (n=23)	Private Non-Profit (n=34)	Public (n=13)
Inadequate or limited resources	56.5%	64.8%	53.8%
Inadequate facility or equipment	13.0%*	29.4%	23.1%
Staffing problems	39.1%	64.8%	61.5%

*Also mentioned with same frequency:
(a) maintaining full enrollment,
(b) collecting payments, and,
(c) meeting local/state/federal requirements.

Private-profit centers. Directors of private-profit centers mentioned problems relating to staffing and financing their centers with considerable frequency. These problems were interrelated. *Centers' inability to pay high enough salaries to attract and keep qualified staff or to hire enough staff to meet program needs was directly related to the general lack of adequate finances.* The following excerpts from the field interviews illustrate the kinds of comments which private center directors made:

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"Working mothers in the area make low salaries and cannot afford to pay for the quality of care needed. Our costs--staff salaries, equipment replacement, building upkeep, taxes, insurance, food--are too expensive." Oregon

"Staff turnover is a detriment. People leave because they get better paying jobs." Oregon

"Money--not keeping enrollment, especially during the summer." Oregon

"Parents don't pay often. We take them to small claims court, but we still rarely get paid." Idaho

"Unpromptness of payments--financial uncertainty of welfare payments." Washington

"Always under enrollment--need more public advertising. We get very few referrals from the state and our fees are no higher than state will pay." Idaho

"Staff needs more supervision and training to ensure high quality care." Alaska

Private non-profit centers. *A common problem among non-profit centers stems from sharing a facility with another organization. While 73.9% of all profit centers owned the facility which housed their programs, 94.1% of private non-profit centers operated in a building owned by someone else.* Another important problem involved state or federal funding, since these centers typically are more dependent on public funds. The following are examples of the problems identified by the private non-profit center directors:

"Funding--we need consistent funding on a 12 month basis--funding sources are too inconsistent. Hard money vs. soft money is a problem--we should at least get credit for donated materials and in-kind contributions of time (Re: Title IV-A)." Washington

"Sharing buildings with the church--having to work around the needs of church programs. Pay a high utility bill in the church." Washington

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"Can't afford necessary services. Volunteers have to take laundry home to do it. Business manager and director have to cook. Staff has to do all mopping and vacuuming in the section of the church we use." Washington

"Money--we need a constant and dependable source of income, even Title IV-A is now giving out." Alaska

"Complicated administrative problems result from being a multi-funded center operating in a church with local, state, and federal monies. Very time consuming." Washington

"Power pulls from parents, church, community, and center staff. Feel 'burned out'--overworked. People have to see you suffer before they act." Alaska

"Need good, productive in-service training--financial inability prevents establishing this. Want staff to have this training, but cannot afford to provide it, and we pay them too little to ask that staff pay for their own training." Oregon

"Can only afford to keep enough staff for average attendance days. Under staffed on maximum attendance days and if someone is ill." Washington

Public centers. *For the most part, directors of public day care facilities also see inadquate funding and the resulting problems as their major operating handicap.* Although feeling that the center provides excellent basic services, a Washington director expressed the need for more supportive services (e.g., psychological evaluation and aid for disturbed children). Another Washington director (of a migrant center) would like to be able to provide transportation to families having no care, "We could have full enrollemnt year-round if we had it."

Recruiting volunteer aid to supplement or to replace staff was regarded as a problem in some instances:

"Lack of enough volunteers to cover staff when they are sick or in training. Spreading teacher services in janitorial

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work rather than concentrating on planning, etc." Idaho

"Lack of staff hours" and "Staff never has enough time." Oregon

The need for more and better in-service training, curriculum development assistance, and related issues were also viewed as areas needing attention:

"Early childhood education workshop notices were late (from superintendent of public instruction)--we're missing opportunities." Washington

"Toddler and bilingual/bicultural curriculum need development." Washington

"...to keep program at educational level rather than merely babysitting." Idaho

Center directors were asked if they encountered any problems with the parents of the children in care. Table 5.33 indicates the types of parent-related issues and the percentage of center directors who have experienced such problems.

TABLE 5.33
PARENT-RELATED ISSUES ACCORDING TO CENTER DIRECTORS
(n=72)

Problem Areas	Percent of Directors Mentioning it as a Problem
Regarding payment of fees	43.5%
Pick-up time	38.0%
Differing ideas on discipline	22.2%
Bringing sick children	37.5%
Regarding absences	45.1%

5.5.2 Family Day Care Homes.

The three problems most frequently mentioned by family day care providers are listed in Table 5.34 in order of frequency mentioned. Other, less frequently mentioned difficulties included problems in maintaining enrollment, meeting state standards, and other problems unique to individual day care situations.

TABLE 5.34
PROBLEMS MOST FREQUENTLY MENTIONED BY FAMILY DAY CARE PROVIDERS
(n=276)*

1.	Problems collecting fees from parents/state	22.4%
2.	Other parent related problems	20.1%
3.	Problems with children	12.5%
		55.0%

*Of the 276 family day care homes interviewed, 43.7% listed no major problems. It was felt that some of the providers were hesitant to admit or discuss problems, suspecting that this study would in some way relate to their license.

Collecting fees. Aside from late welfare payments (three and four months overdue) several family day care mothers commented on the amount received for child care. Two providers reported either not being paid the amount promised by the licensing caseworker or having the amount reduced without prior notice. Many viewed the amount paid as insufficient: "The amount (welfare) pays doesn't even cover the cost of food, let alone make any money," "(Welfare) is unwilling to pay for all care--(I) have to buy all the food and provide care for five children for $7.00 per day (not to mention overtime, when parents don't pick up their children on time)." "Not enough money." "I seem to be spending more money on the children than I earn." and last, but not least. "(I) never made any money giving care."

Related to inadequate resources is maintaining quotas: "Cancellations--I can't keep my quota, therefore, am not making enough money," stated one operator. Another

provider reported, "I'm not getting referrals from welfare. I finally had to advertise--$7.00 per week for a newspaper ad."

Collecting fees also presented many problems to these FDCH operators. One respondent had to threaten one of her private-pay parents with small claims court action before receiving payment; and another blamed the welfare agency's failure to provide her the necessary billing forms for the great delays she encountered in receiving payment.

The small amount paid, delayed payments, uncertainty regarding slots being filled, and cancellations without notice create many hardships for family day care providers. "It's very hard to plan and budget when you can't count on the amount coming in," summed up one of the FDC mothers.

Parent related problems. The major problem these caregivers encounter with the parents of the children in care is "late pick-ups." Most operators stated they wouldn't mind so much if the parents "Would only have the courtesy to call to say they'll be late." The policy of paying these providers for the extra hours of care appears to be extremely erratic throughout the states. A few family day care operators reported being paid, by the state, up to $.50 per hour for extra-hour care. For the most part, however, the availability of these monies was virtually unknown to the family day care home mothers.

Late and early arrivals also presents a problem to several respondents. Again, a telephone call from the parent would have resolved the issue. Sometimes operators agree to care for a child who is not regularly enrolled, thinking that the slot is available for the day (without exceeding the licensed capacity.) When the regularly scheduled child appears one or two hours later, the operator then must decide whether to turn away the enrolled child; call the "drop-in's" parent to pick him up; or allow both children to stay, and hope this isn't the day the licensing caseworker will appear. One respondent recalls returning home from a morning walk with the children to be greeted by a (late) irate parent. Assuming that the child would not be present that day, the FDC mother had proceeded with her plans and was not at home when the parent and child arrived. Reported less frequently was the problem of the early arrival. Feeling that they have precious little time to organize their own families and homes, early arrivals without notice are not well-received by the operators.

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Family day care home providers must bear the full cost of care when state-subsidized parents bring their children and then do not report to work or training. When providers submit their invoices to the state and the number of child care hours does not coincide with mother's working/training hours, the caregiver does not receive payment from the state for that day. Many of these operators also would like a formal grievance procedure (as would be provided for parents under the proposed 1972 FDCR) for this very reason.

Other things which concern these care providers are:

-- "Things children see at home," (upon which this operator did not wish to elaborate).

-- Bringing sick and/or dirty children.

-- Children not being toilet trained when the parent stated they were at the time of interview; and relative to this,

-- Parents not following through with toilet training at home ("If they won't, I don't," was one operator's solution to this problem).

-- Differing ideas regarding discipline.

-- Parents not supplying adequate diapers, clothing, and/or special diet food (e.g., formula for infants).

-- Neglect, on one hand; and on the other, over-indulgence of children at home as perceived by the caregiver.

-- "Tricking" children into staying at the family day care home in the morning.

"I'm finding my patience running short (with parents)," stated one operator.

All too frequently the only recourse left for these mothers is to refuse to continue caring for the children of the parents whose values or behavior vary too greatly from the provider's own. This ultimately means the child must "pay the price" by having to adjust and readjust to the constant turnover of family day care homes.

Mothers also get trapped in the middle of parents' domestic troubles; and, in the case of separated parents, they are frequently drawn into child custody quarrels--often times being harrassed by the parent not having custody at the time.

Problems with children. This problem area involved one or more specific "problem" children in the home. Emotionally disturbed children or those who have not reached the developmental maturity that their chronological age would suggest can cause havoc among the other children in a day care facility. However, learning to deal with these children is often viewed as a challenge, rather than a problem.

Other problems. Mentioned less frequently, in conjunction with fee, parent, and child problems were additional concerns with welfare department relations, organization and use of personal time, liability and self-protection, and inflation.

Regarding welfare department relations, providers stated that agency personnel should intervene in problems related to payment when the case involves parents who are supposed to reimburse the caregiver with their welfare subsidy. The providers are often not paid, yet they reported that the welfare personnel did nothing to help them collect from these parents. Family day care home mothers also recalled instances in which the welfare caseworker and parent alter day care arrangements for the child but fail to notify the provider of such changes; sometimes resulting in non-payment to the caregiver.

Though many mothers enjoy caring for children, they also felt "trapped" by their excessive time commitments. They have little or no time to take care of their personal and family needs. The lack of privacy, the inability just to "get out," and the need for other adult companionship present a genuine strain to many of those providing day care.

Regarding organization of time, several respondents were concerned over being negligent of their own families: "If I could just find enough time for my own two kids," is how one mother expressed it. Also, managing the household was viewed as a problem. The two responses were either resignation ("I'm getting used to the mess now,") or enlisting assistance ("I finally hired a maid to come in on Saturdays").

The problem of liability and self-protection was twofold. In one instance, the provider reported that insurance was simply too costly and that "(I will) just have to take my chances." In another case, the insurance company refused coverage because "I have all these children in the house." An insurance package at reasonable cost would, no doubt, be well received by a majority of the child care providers.

As mentioned earlier, the costs (in relation to the amount paid providers) of operating a family day care home was viewed as a problem by many of those family day care mothers interviewed. One respondent took this issue one step further, stating, "It's become more difficult to provide adequate meals at today's food prices." This, of course, can be applied to the purchase of all commodities: and, coupled with the current low rate of pay--may force many operators out of business.

Those reporting "no problems" stated they saw the potential for major trouble if their parent, child, and agency communications were to erode. Also seen as a potential source of trouble is the inability to organize time so that there is a minimal amount of disruption to the household activities of the family day care mother. When considering training for day care providers, these are some of the areas of concern that should be considered.

Teaching children to share and overcoming the jealousies of the caregiver's own children, especially in "only child" situations, were areas in which providers expressed an interest in receiving some help. Also, several of them felt they would like some training in new ideas for activities for the children, and a special allowance for the purchase of enough age-appropriate toys. From the business aspect, assistance in budgeting, record keeping, and tax reporting should also be included as part of any training program developed for child care-givers.

5.5.3 In-Home Providers.

As with family day care home providers, the three most often-mentioned problems of in-home providers also were related to payment of fees, parent relations, and child-oriented issues. Only 26.9% claimed to have no problems.

Payment problems. Delayed payment, once again, ranked highest as presenting the most aggravation and concern to these respondents: "At present payment is three months behind--they (welfare office) call this 'current'--and I never received payment for a couple of months (for care of children whose parent is no longer a welfare recipient). This doesn't set too well with my landlord or my stomach!" As suggested by some users of in-home care, several providers also recommended direct payment to the caregiver--"It is very hard for her to pay me

when checks are so late." Of course, whether payment is delayed three months to the parent or to the provider does not alleviate either party's basic problem--no income.

Two respondents who were ADC recipients and in-home care providers stated, "Welfare takes so much of the money, it just doesn't pay to do it anymore." Many respondents said that they would never consider doing this type of work except for a relative or friend in great need because of the low rate of pay--one provider calculated her hourly wage to be $.31 per hour: "Now who would work for $.31 an hour if she needs money?" she asks.

Rising costs of food was again brought out in relation to cost of care vs. amount paid. Those who provide care in their own homes (42.6%) view food costs as being totally inadequate for the services they provide and responsibility they must assume.

Problems related to parents and children. Child and parent problems were combined, since several respondents viewed parents' personal care of their children inadequate.* Differing ideas about discipline also create a dual problem of confrontation with parents about discipline techniques (or their lack) and having to contend with uncontrollable children. Parent problems also included issues such as pick-up/drop-off time and not notifying the caregiver when services were not required.

Those caregivers providing service in the parents home expressed mixed opinions regarding household chores as part of their responsibility. Some resented being expected to perform these duties as part of the "baby-sitting" job without additional pay. Others felt that since they had the time, there was no point in leaving such tasks for the busy parent to do.

Other problems. Only 42% of the respondents reported any contact with the welfare agency regarding the care of children. This situation proved particularly troublesome for one operator:

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*An example is a caregiver's futile attempts to heal a baby's diaper rash. "Overnight, a whole day's efforts turn out to be for nothing." Furthermore, this respondent fears losing her job because of the continued rash.

> "If a new sitter begins to sit, the welfare department should contact them and tell them how much money they will receive. I worked almost one year at $1.00 per hour because this is what the parent told me. I finally got curious and called. I was cheated out of approximately $600 which cannot be paid to me."

The problems parents face when arranging for their child care are numerous. Getting qualified sitters is most difficult, with respondents citing the unwillingness of qualified persons to work for the wage parents can afford to pay (or welfare will allow to be paid). One parent states,

> "I am satisfied since my mother is providing care. Before, I had problems finding qualified sitters for $.75 per hour. The few who were interested were either too young or quickly changed their minds when I explained Social Security deductions. Some who were willing to work for only $.75 an hour, I didn't trust."

Others reported that it is exceptionally difficult to find sitters who are physically healthy, know how to treat and talk to children, are able to provide educational activities and good nutrition, are loving and genuinely care for children, and who are trustworthy and dependable. Being limited to paying $4.00 per day posed problems when attempting to locate in-home care for one handicapped child who required somewhat more attention than other children might.

Some mothers also were annoyed by the requirements imposed on them by the welfare department. "I need to find someone I trust, not necessarily someone welfare approves," "The welfare requirements are too high, especially regarding age." Another respondent was given only a four-days notice by the welfare department to make different child care arrangements (before cutting off child care payments).

> "The baby was used to my former sitter (who came to my home); now I have to take her out in the cold every morning to the sitter's house. This means the baby has to adjust to the new lady, new surroundings, and sleeping place. I think it should be up to the parent to decide."

5.5.4 Summary of Provider Problems Related to the 1972 Federal Day Care Requirements.

Center problems. The overriding problem mentioned by day care center directors was a lack of adequate funds to do what they feel should be done in order to provide high quality care for children. Although the directors' opinions about what constitutes high-quality care differ, a strong concern about quality care was universal.

The lack of money to hire what they feel is an adequate number of staff, or to be able to pay enough to keep good staff members when they have them, frustrated most directors interviewed.

Non-profit centers encounter many problems resulting from their sharing facilities with other organizations; and directors were discouraged by their inability to afford facility improvements and large equipment for these programs.

Many directors mentioned the need for good in-service staff training and more help with developmental aspects of care in their programs. Again, staff time constraints--related to money constraints--stand in the way.

In general center directors were very understanding about the financial problems facing the low and middle income employed parents whose children were in their centers. This sensitivity made the directors' own problems over their inability to afford a more adequate program even more frustrating.

The directors interviewed, whose programs all receive some percentage of their operating expenses from state and federal sources, did not extend their compassion to the state or federal bureaucracy which consistently made late payments, held up grants, or withdrew formerly available funds.

The unpredictability of funds--from whatever source--is a major stumbling block in the planning and delivery of quality child care.

Home care problems. Family day care home providers also mention the unpredictability and inadequacy of income as a major problem, whether the responsibility for payment is the state welfare department's or the parents. Several providers expressed their feelings that when they call the

welfare office to inquire about a long overdue payment, they are treated as though they are unreasonably impatient. This discourteousness of the administering agency payment staff was often discussed in Washington, where late payment problems were mentioned most frequently.

Parent related problems also caused concern, particularly when parents were not reliable about drop-off or pick-up times, notifying providers when children are to be absent, not supplying adequate clothing or diapers, etc. Generally the family day care providers have children of their own and when the parents of children in care are not reliable, this adds to the provider's burden during her already long day (average 11 hours). The unrelieved 11 or 12 hour day of providing child care leaves little enough time for the provider's own errands and family concerns. As suggested earlier, a system of homes with a floating relief staff person would be a great help to these providers in arranging their personal time.

There is a serious need for low cost liability insurance to be available to all home care providers. The potential for lawsuit against these primarily unprotected providers is very real. Such coverage should be mandatory and made available through a low cost group plan.

The myriad of personal parent problems with which home care providers are faced suggest that there is a need for closer relations between the caseworkers, providers, and parents. Many problems with schedules, late emergencies, child custody battles, etc. must be handled by the provider. There should be a caseworker available to the provider and parent to relieve this burden.

When a provider is not paid because a parent has not reported to work or training or because of state delays in payment, a formal grievance procedure should be available. This procedure should be developed by the states for the benefit of all day care providers who are paid by the state for child care.

Often home care providers have questions on some aspect of child care or about how to handle certain behaviors. They would like to have some help with these questions, but there is no training or on-the-spot assistance available to them. Few home providers perceive the caseworkers as a resource for questions they have about child care.

In summary, the linkages between the state licensing agency and home care providers are weak. There is little

support or assistance given providers after licensing. Areas which need state attention are state payment systems, small business counseling for providers, improved casework services to parents, provider grievance procedures, and provider training.

Impact of the 1972 FDCR on these problems. If the 1972 day care standards were adopted, few of the problems expressed by day care providers would be relieved and many would be increased. In centers the overriding problem of unpredictable and inadequate resources to improve day care programming and retain good staff would be worsened. The increased costs resulting from the high staff-to-child ratios prescribed in the proposed FDCR would magnify center problems of inadequate resources.

The problems of provider liability, information on costs and tax deductions of operating a small business, or standards for adequate home care provider payments are not addressed at all in the 1972 FDCR.

The weak links between caseworkers, parents, and providers is the problem best dealt with in the section of 1972 FDCR concerned with the administering agency's responsibility for supportive services.

In general, the problems which face day care providers under current standards would not be relieved by the adoption of 1972 FDCR. Those proposed requirements which involve increased provider costs--either one-time or on a continuing basis--would heighten the major problem facing all providers now--the lack of available resources at the provider level to make desired improvements in day care programs.

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CHAPTER VI

COST IMPLICATIONS OF THE 1972 FEDERAL DAY CARE REQUIREMENTS FOR REGION X CHILD CARE PROVIDERS

In this chapter a model will be constructed of costs for a day care center having 50 children and conforming to the proposed 1972 Federal Day Care Requirements (FDCR). In order to provide the reader with a better sense of the comparative differences between current operating costs and costs under the 1972 FDCR, this analysis is based on the actual annual 1972 operating costs for a private-profit day care center in the State of Washington. Working from this budget, costs have been constructed for the various areas which would require modifications to meet the 1972 requirements. A private-profit center budget is used, since the study data show that private providers serving federally supported children would be most affected by the changes due to their reliance on parent fees and state maximum child care payments rather than formula grants and cost reimbursements to cover their costs.

In addition, this chapter also displays current annual income of several family day care providers in the Region and estimations of current family day care home providers costs. Also constructed are the expected additional costs under full 1972 FDCR compliance.

6.1 FACTORS AFFECTING COSTS IN A CENTER SETTING

6.1.1 Conditions Which Affect Center Fees.

In general, the fees charged by a private center are related more to what the market will support than to center operating costs per child. The profit margin, if there is one, is the difference between what the parents or state will pay and what it costs to operate the program. Setting private-profit center fees is based on such factors as the type of neighborhood, number of part-time children enrolled, and the amount charged by non-profit or subsidized child care facilities in the area.

In most instances, the proprietary operator who has invested his own money in facilities and equipment is at a considerable disadvantage when he tries to make his fees competitive with non-profit and public centers. The latter often receive partial or total public subsidy, as well as other benefits deriving from their corporate status. These factors help them to cover their costs or lower their fixed expenses. Of the centers sampled in this study, for example, a much larger percent of the non-profit and public centers serving federally funded children did not own the facilities they used, and they often paid partial rent or no rent at all if the space was donated to the program (see Tables 6.1 and 6.2). In these instances the fixed monthly space costs for the program were considerably lower than the usual mortgage costs paid by private-profit providers who have federally supported children.

6.1.2 Factors Governing Major Operating Expenses.

The payroll and space costs, the major cost factors in day care center operations, are largely controlled by state and federal regulations. To illustrate, the 1972 FDCR require 35 square feet of usable space for each child indoors, which for 50 children would be 1,750 square feet. Since this excludes offices, storage space, toilets, kitchen areas, etc., 750 square feet of unacceptable space should be added for a total of at least 2,500 square feet to meet the minimum space requirement. Though this requirement remains constant, the cost of this space will vary from state to state, from city to rural area, and it will depend upon the type of ownership (e.g., non-profit, business, private, etc.). The number of staff in a center is also controlled by state and federal staff ratio specifications. In the State of Washington, a center with 50 children aged 2-1/2 to 6 would require one staff member to every 10 children, or five total. Thus, any requirement changes in either staff/child ratios or space per child would have a major impact on the two primary cost categories of day care center operations.

At present, almost all centers in the region have wage scales for their employees that are considerably below wages elsewhere. For example, teachers with comparable backgrounds and experience have higher salaries working in school systems. Any increase in the federal minimum wage requirements or demand for new teachers by the public school systems would result in higher payroll costs for day care centers.

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TABLE 6.1
FACILITY OWNERSHIP BY SPONSOR TYPE

Owned By:	Private Profit	Non-Profit	Public
Religious Organization	8.7%	76.2%	42.9%
Non-Profit Organization (YMCA, etc.)	.0%	8.8%	7.1%
Hospital	.0%	..0%	7.1%
Housing Authority	4.3%	.0%	.0%
Other City/County Agency	.0%	2.9%	21.4%
Business or Industry	.0%	.0%	.0%
Operator Owned	73.9%	5.9%	.0%
Other Private Parties	13.0%	5.9%	21.4%

TABLE 6.2
MONTHLY SPACE LEASE/MORTGAGE ARRANGEMENTS

Lease/Mortgage Arrangement	Private Profit	Non-Profit	Public
Rental/Mortgage Payment, Full Cost	78.3%	27.3%	28.6%
Rental/Mortgage Payment, Partial Cost	8.7%	27.3%	14.3%
Donated Space	.0%	36.4%	28.6%
Other	13.0%	9.1%	28.6%

6.1.3 Service Quality and Comprehensiveness Factors.

Quality and comprehensiveness of care also affect the cost of center operations. As discussed in Chapter Five, few private-profit centers provide health or formal social services except access to emergency care and referrals where possible. In addition, the few centers that provide auxiliary services, such as transportation, usually charge an extra parent fee. It is difficult to estimate differences between centers in terms of equipment available for children. Regarding quality of care provided, all of the center directors in the study felt that they had a developmental orientation, although these varied greatly due to the number and types of staff with backgrounds related to child development. In general, staff/child ratios did not significantly vary by sponsor type. Programs not providing transportation, preventive or curative health services, special developmental or compensatory education, social work services, etc., have a lower cost per child. In this Region, the auxiliary services appear almost exclusively in public and non-profit programs which are supported with federal funds beyond those available from vendor payments via the Social Security Act, e.g., Head Start affiliates and special migrant programs. As the cost data which follows demonstrate, it would be difficult for centers operating only on reasonable parent fees to afford the costs of many of these ancillary services.

6.2 CENTER COST BACKGROUND

The study included interviews with 72 day care centers, covering almost every aspect of day care center operations. Each interviewer attempted to obtain a one-year cost breakdown for each operating program. Among the several barriers to obtaining comparable data were the following:

1. There is no standard cost accounting system in use by day care center operators. Therefore, each facility records its costs using different categories, assumptions, and time periods.

2. The cost data was collected on pre-visit, mailed questionnaires. The on-site visits which followed normally lasted about a day and a half and included a series of relatively long interviews with various center staff on other aspects of center operations related to 1972 FDCR. In order to adequately understand the make-up of program cost items, it would be necessary

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to examine the program's ledger. This would require at least one or two days using cost accountants.

3. Many facilities used donated items. Having no standard cost accounting system, these items were treated in various ways; some facilities did not even include them in their accounting.

4. Some of the data were actual costs but others were budget estimates. When directors were unable to separate costs into the selected categories on the questionnaire, they left many categories blank. In addition, data were not always for the same time spans.

5. Enrollment in day care center programs often varies in the winter and summer seasons. Full year programs often did not have winter/summer cost breakdowns that were needed for a more adequate profile of cost distributions.

6.2.1 Information on Region X Cost Data.

All cost assumptions and data sources are indicated on the following pages. It should be emphasized that cost increases resulting from 1972 FDCR are only estimates. Also, the private center costs were not necessarily representative of all centers in the sample, since they were selected because an accurate one-year cost breakdown was available. Comments on the actual costs are provided to give the reader a feeling for the things which affect center costs and income.

Features of Acutal Costs
for the Washington Sample Center

-- The costs were incurred in calendar year 1972.

-- The costs are for a program that had already been established. Therefore, no start-up or hiring costs were incurred.

-- All are actual costs. Allowance for profit and non-cash costs are not included.

-- The costs on the budget sheet show the breakeven point for a center of 50 children. This has

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been adjusted to assume that attendance is perfect throughout the year.

-- Due to the seasonal nature of day care, the budget was prepared to show the effect of lower enrollment in the three summer months. Having only 30 children during the summer causes a 25% loss that is absorbed in the other months of the year.

TABLE 6.3
ACTUAL 1972 BUDGET FOR A DAY CARE CENTER WITH 50 CHILDREN

Cost Categories*	Summer (3 mos) 30 Children	Other seasons (9 mos) 50 Children	Annual Total
INCOME			
1. Parent/State Fees	*$ 8,100	$40,500	$48,600
EXPENSES			
2. Personnel Costs			
3. A. Care & Teaching Teachers @$4.200/yr.	$ 3,150**	$15,750***	$18,900
4. Fringe Benefits & Payroll Taxes @12%	378	1,764	2,268
Subtotal	$ 3,528	$17,514	$21,168
5. B. Administration Director @$6,000/yr.	$ 1,500	$ 4,500	$ 6,000
Fringe Benefits & Payroll Taxes @12%	180	540	720
Subtotal	$ 1,680	$ 5,040	$ 6,720
Total Personnel	$ 5,208	$22,680	$27,888
6. Personnel Costs as Percent of Income	(64%)	(56%)	(57%)
OTHER EXPENSES			
7. Fixed Expenses			
8. A. Space & Related Costs	$ 2,250	$ 6,750	$ 9,000
9. B. Depreciation of Equipment @10%	75	225	300
10. C. Insurance	120	360	480
11. D. Contracted Janitorial Services @$100/mo.	300	900	1,200
12. E. Contract Accounting/Bookkeeping @$100/mo.	300	900	1,200
Total Fixed	$ 3,045	$ 9,135	$12,180
13. Fluctuating Expenses			
14. A. Food	$ 600	$ 2,925	$ 3,525
15. B. Teaching Materials	150	750	900
16. C. Utilities	525	1,575	2,100
17. D. Advertising	150	450	600
18. E. Repairs	150	450	600
19. F. Miscellaneous	300	900	1,200
Total Fluctuating	$ 1,875	$ 7,050	$ 8,925
Total Personnel & Other Expenses	$10,128	$38,865	$48,993
NET PROFIT OR LOSS (Brackets indicate loss)	[$ 2,028]	$ 1,635	$ 393
	[(25%)]	(4%)	[(0.1%)]

*For detailed explanations of the categories, see pp. 6-6 thur 8.
**Three teacners required to maintain 1:10 ratio.
***Five teachers required to maintain 1:10 ratio.

BUDGET FOR DAY CARE CENTER

Explanation Sheet

Line Number shown on budget

1. Parent/State Fees
This is based on $4.50 per day for 22 days to the month ($99 monthly total). However, the tuition shown on the attached budget is calculated at $4.12 per day, or a monthly charge of $90.00 per child. The 1972 Washington State Directory of Child Day Care Centers shows two-thirds of those charging fees to parents have a daily charge of $4.00 or less, which is about $80.00 per month. Thus, using a monthly charge of $90 is, if anything, on the high side.

   It is presumed that the budget set up for 50 children is the full number of children in the regular season of nine months. In the summer months the attendance may drop as low as 50%. Therefore to secure a better picture, the budget attached shows a division between the regular months using 50 children and the summer months using only 30 children, which is about an average reduction of 40%.

2. Personnel
The State of Washington requires one caregiver for each 10 children and the attached budget is made up on that basis.

3. Teachers
The amount of $350.00 per month ($4,200 per year) is calculated at about $16.00 per 8-hour day or $2.00 per hour.

4. Social Security Tax, etc.
The 1972 actual figures show that the company portion of the Social Security Tax plus the Federal and State occupational taxes totaled to 11.4% of the payroll. Since the 1973 rates are somewhat higher, 12% is used in the budget.

5. Director
The amount of $500.00 per month ($6,000 per year) is calculated at about $24.00 for an eight-hour day or $3.00 per hour. Directors are responsible

BUDGET FOR DAY CARE CENTER

Explanation Sheet (contd.)

Line number shown on budget

for the entire operation, for contacting parents, etc. One-half of the director time can be used in the staff/child ratio if there are fewer than 30 children in attendance. Otherwise, she cannot be counted.

6. Personnel Costs as a Percent of Income
With increased enrollment, the percentage of income allocated to personnel costs decreases.

7. Fixed Expenses
These expenses depend mainly on the size of the premises and are about the same throughout the year.

8. Space & Related Costs
35 square feet of inside space for 50 children is 1,750 square feet adding 750 square feet for non-acceptable space means that a building of at least 2,500 square feet is needed. Considering the outside space needed and the cost of special construction features required by the state, etc., it is estimated that a building costing at least $75,000 is needed. On this basis the following costs result:

4%	depreciation	$3,000
7%	interest	5,250
2%	taxes	1,500
	Total	$9,750

or about $750 a month.

9. Depreciation of Equipment
This is calculated at 10% each year on equipment costing $3,000.

10. Insurance
This includes liability, etc., costing about $40 a month.

11. Janitorial
This is a cost of $100 a month for janitor work, cleaning floors, windows, etc.

BUDGET FOR DAY CARE CENTER

Explanation Sheet (contd.)

Line number shown on budget

12. Office Accounting, etc.
About $100 a month.

13. Fluctuating Expense
These are expenses that are more or less controllable by the Director and, therefore, should fluctuate in relation to the number of children, etc.

14. Food
This is about $.30 per child per day (lunch and two snacks) or $6.50 a month. For 50 children it is about $325 a month, and for 30 children, $200 a month.

15. Teaching Materials
About 25% of food costs, and consisting of paint, paper, toys, child-size kitchen utensils, etc.

16. Utilities
Consistently about $175 a month. It includes light, heat, and telephone.

17. Advertising
About $50 a month.

18. Repairs
$50 a month is allocated for repairing, painting, etc.

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TABLE 6.4
COST COMPARISON OF SAMPLE CENTER COSTS WITH STANDARDS AND COSTS FOR DAY CARE* PREPARED BY DCCDCA

Washington Sample Center			Day Care & Child Development Council Costs					
			Minimum		Acceptable		Desirable	
Program Description	Description	Actual Annual Cost Per Child	Program Description	Annual Cost Per Child	Program Description	Annual Cost Per Child	Program Description	Annual Cost Per Child
Food - Meals & Snacks	One meal & two snacks	$ 78.33	One meal & two snacks	$157.50	Two meals & two snacks	$236.25	Two Meals & two snacks	$236.25
Transportation	Provided at parent expense	-0-	Provided at parent expense	-0-	Provided by Center	67.50	Provided by Center	67.50
Medical & Dental Services	Referral services using up to 1/20 of director's time	7.78	Examinations & referral services	22.50	Examinations & referral services	22.50	Exams, treatment when not available elsewhere, health education	67.50
Work with Parents	Little or none except in problem cases, using 1/10 of director's time	16.00	Little or none except in problem cases	11.25	General parent activities plus limited counseling	33.75	Parent education family activities, full counseling services	78.75
Facilities & Utilities	Space meeting state & local requirements	246.66	Space meeting state & local requirements	101.25	Space meeting state & local requirements	101.25	More room for children plus parent workroom	123.75
Clothing & Other Emergency Needs	As necessary	5.00	As necessary	33.75	As necessary	22.50	As necessary	22.50
Program Supplies & Materials	Custodial	20.00	Custodial	22.50	General developmental program	56.25	Individualized developmental program	84.38

*Adjusted for inflation at 3% per year since 1968.

TABLE 6.4 (contd.)
COST COMPARISON OF SAMPLE CENTER COSTS WITH STANDARDS AND COSTS FOR DAY CARE* PREPARED BY DCCDCA

Washington Sample Center			Day Care & Child Development Council Costs					
			Minimum		Acceptable		Desirable	
Program Description	Description	Actual Annual Cost Per Child	Program Description	Annual Cost Per Child	Program Description	Annual Cost Per Child	Program Description	Annual Cost Per Child
Equipment (Annual Replacement Costs)	General developmental program	$ 15.00	Custodial program	$ 22.50	General developmental program	$ 13.50	Individualized developmental program	$ 16.50
STAFF								
a. Classroom Professional @$6,600	One per 20 children @ $4,200/yr	235.20	One per 20 children	309.38	One per 15 children	455.65	One per 15 children	455.65
b. Classroom non-professional @ $4,400	One per 20 children @ $4,200/yr	235.20	One per 10 children	360.00	Two per 15 children	472.50	Three per 15 children	720.00
c. Social Service Professional @ $6,600	None	-0-	One per 150 children	73.13	One per 100 children	73.13	One per 100 children	73.13
d. Community Social Service, Parent or Health Aide @$4,400	None	-0-	None	-0-	One per 100 children	22.50	Two per 100 children	49.63
e. Business & Maintenance @$4,000	Two per 135 children	53.33	Two per 100 children	90.00	Three per 100 children	135.00	Three per 100 children	135.00
f. Special resource (Psychology, Music Art Consultants etc. @$6,600)	Urgent Need	5.00	Urgent need only	22.50	One per 100 children	67.50	Two per 100 children	135.00

TABLE 6.4 (contd.)
COST COMPARISON OF SAMPLE CENTER COSTS WITH STANDARDS AND COSTS FOR DAY CARE* PREPARED BY DCCDCA

Washington Sample Center			Day Care & Child Development Council Costs					
			Minimum		Acceptable		Desirable	
Program Description	Description	Actual Annual Cost Per Child	Program Description	Annual Cost Per Child	Program Description	Annual Cost Per Child	Program Description	Annual Cost Per Child
Supervision @ $8,000	One per 50 @ $6,000	$124.71	1 per 100 children	$ 90.00	2 per 100 children	$ 180.00	2 per 100 children	$ 180.00
Training	None: In-service included in staff salaries.	-0-	Approximately 10% of salary costs.	94.50	Approximately 10% of salary costs.	140.00	Approximately 10% of salary costs.	175.00
Miscellaneous	Insurance, advertising, repairs, etc.	45.67	(No comparable information available)	--	(No comparable information available)	--	(No comparable information available)	--
Total annual cost per child		$1087.87		$1410.75		$2099.78		$2620.54
Cost per child/ per day		$ 4.12		$ 5.34		$ 7.95		$ 9.93

TABLE 6.5
COST COMPARISON OF CURRENT SAMPLE CENTER OPERATIONS WITH MINIMUM COSTS REQUIRED TO MEET 1972 STANDARDS*

Current Center Costs Per Child			Projected Center Costs Per Child Under 1972 FDCR	
Category	Description	Annual Cost Per Child	Description	Annual Cost Per Child
1) Food-Meals & Snacks	One meal & two snacks	$ 78.33	1) Two meals and two snacks	$157.35
2) Transportation	Provided at parent expense	-0-	2) Provided at parent expense	-0-
3) Medical & Dental Services	Referral services only as apropos-5% director's time	7.78	3) Referral services as apropos 5% director's time.**	7.78
4) Work with Parents	Little or none except in problem cases--director 10% time	16.00	4) Staff support to policy advisory council and increased work with parents 30% directors time	45.00
5) Facilities & Utilities	Space meeting state & local requirements	246.66	5) Space meeting state, local & federal requirements	246.66
6) Clothing & Other Emergency Needs	As necessary	5.00	6) As necessary	5.00

*See pages which follow for projected cost calculations

**Health care arrangement costs fall to administering agencies, not providers under 1972 FDCR.

TABLE 6.5 (contd.)
COST COMPARISON OF CURRENT SAMPLE CENTER OPERATIONS WITH MINIMUM COSTS REQUIRED TO MEET 1972 STANDARDS*

Current Center Costs Per Child			Projected Center Costs Per Child Under 1972 FDCR	
Category	Description	Annual Cost Per Child	Description	Annual Cost Per Child
7) Supplies & Materials	Custodial	$ 20.00	7) General developmental program supplies	$ 56.25
8) Equipment (Annual Replacement Costs)	General developmental program	$ 15.00	8) General developmental program	$ 15.00
9) Staff*		--	9) Staff*	
10) Classroom Professional	One per 20 children @$4200/yr plus payroll taxes	235.20	10) One per 12 children @ $4200/year plus payroll taxes	$376.32
11) Classroom non-professional	One per 20 children @$4200/yr plus payroll taxes	235.20	11) One per 8 children @ $4200/year plus payroll taxes	$564.48
12) Social Service Professional	None	-0-	12) None	-0-
13) Community Social Service, Parent or Health Aide	None	-0-	13) None	-0-

*See page 6-10 for required caregiver-hours formula.

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TABLE 6.5 (contd.)
COST COMPARISON OF CURRENT SAMPLE CENTER OPERATIONS WITH MINIMUM COSTS REQUIRED TO MEET 1972 STANDARDS*

Current Center Costs Per Child			Projected Center Costs Per Child Under 1972 FDCR	
Category	Description	Annual Cost Per Child	Description	Annual Cost Per Child
14) Clerical/ Bookkeeping @ $3600	One per 135 children	$ 26.66	14) One per 67 children	$ 53.33
15) Maintenance @ 3600	One per 135 children	26.66	15) One per 135 children	26.66
16) Special resource (Psychology, Music, Art Consultants)	Urgent need	5.00	16) Urgent need	5.00
17) Supervisor @ $6000	One per 50 children	124.71	17) One per 61 children	97.07
18) Training	None: In-service only included in staff salaries	-0-	18) None: In-service only included in staff salaries	-0-
19) Miscellaneous	Insurance, advertising, repairs, etc.	45.67	19) Insurance, advertising, repairs, etc.	45.67
Total annual cost per child		$1087.87		$1701.57
Cost per child/per day		$ 4.12		$ 6.45

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PROJECTED MINIMUM SAMPLE CENTER COSTS
PER CHILD UNDER THE 1972 FDCR

Explanation Sheet

Line number shown on budget

1. Food
The current program provides a lunch and two snacks. Since the center opens at 6 a.m. and closes at 6 p.m., there are children in care for 9 hours or longer each day. Under the 1972 FDCR, the center must provide two meals and two snacks. The average cost for a substantial breakfast as indicated by USDA is $.25, therefore the 1972 FDCR would add $70.00 per year to the per child costs for food (22 days x 12 mos. x $.25).

2. Transportation
The 1972 FDCR do not require that a center provide transportation. Since the sample center does not currently provide transportation, there is no additional expense in this area.

3. Medical and Dental Services
Since the center already includes a place for an ill child to rest, and maintains records of children's family doctors, there is no requirement for any additional center expenses related to child health. However, the more extensive center paperwork which must be kept regarding periodic checkups and inoculations would require some additional clerical time for record keeping. (See staff increases.)

4. Work with Parents
A major change for this center would be the requirement of an advisory body composed of at least 50% parents. At the minimum, staff support for this body would require an additional 20% of the director's time to work with parents and make presentations to the advisory group. Further clerical support would be required for this group (see staff increases for clerical portion). The added portion of the director's time, taken from staff supervision, would add a $28.40/child cost per year for work with parents.

80105

PROJECTED MINIMUM SAMPLE CENTER COSTS
PER CHILD UNDER THE 1972 FDCR

Explanation Sheet (Cont.)

Line number shown on budget

5. Space and Utilities
Currently available space at the center meets the 1972 FDCR requirement of 35 square feet per child, thus space costs would not be affected.

6. Clothing and Other Emergency Needs
No additional requirements.

7. Supplies and Materials
With the emphasis on developmentally oriented programs offering a wide variety of toys, games, books, crafts, drama, etc., the per child annual expenditure for supplies was raised to meet the supply costs for a General Developmental Program as estimated by the Day Care and Child Development Council (acceptable program level). This involves a $36.25 per child increase over current expenses in this area.

8. Equipment (Annual Replacement Costs
The present program has indoor and outdoor equipment in good repair and adequate for 50 children. There are no requirements for anything additional under the 1972 FDCR.

9. Staff Costs
The major cost category affected by the 1972 FDCR is personnel costs. With the increased staff to child ratio, the requirement of some added paperwork, and the staff support required for the parent advisory body, staff costs--even at present low pay levels--are increased considerably.

The child population of the sample center is composed of 20% toddlers (aged 19 to 35 months) and 80% pre-schoolers (aged 36 through 53 months). Using the 1972 FDCR computation schedule, the number of caregivers* required

*Caregivers are staff who spend at least 25% of their time providing direct care for children.

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PROJECTED MINIMUM SAMPLE CENTER COSTS
PER CHILD UNDER THE 1972 FDCR

Explanation Sheet (Cont.)

Line number shown on budget

for this center would be as follows:

Age-group	n	Required Ratio	# of child hours/day*	Caregiver hours needed
Toddlers	9	1:4	90	24
Pre-school	36	1:7	360	51
Total minimum required caregiver hours per day				75
Number of 8-hour caregiver days required/day				9.4

According to this formula, the number of caregiver hours (75) requires 9+ caregivers daily on eight-hour shifts. Under the 1972 FDCR, at no hour of the day can fewer than half of that required number be on-site, i.e., no fewer than five caregivers in this instance.

The requirement of 9.4 caregivers for the children in the sample center makes an overall 1:5 staff/child ratio. Present staffing, conforming to Washington State licensing requirements, provides only a 1:10 staff/child ratio. *Thus, the 1972 FDCR require doubling the number of caregiver hours available to children at this sample center and, accordingly, double the staff costs for caregivers.*

10. Classroom Professional
Current center staff includes two persons with BA degrees in education who are earning an annual salary of $4,200/year calculated at about $2.00/hour for an eight hour day. Assuming that two more classroom professionals

*Number of child hours is the estimated daily attendance times the average hours each child spends per day in the facility. Assume maximum 10 hours/child.

PROJECTED MINIMUM SAMPLE CENTER COSTS
PER CHILD UNDER THE 1972 FDCR

Explanation Sheet (Cont.)

Line number shown on budget

can be found to work at this rate, all salaries would have to be calculated for eight hour days. This would raise the total classroom professional staff costs to $376.32 per child per year.

11. Classroom non-professional
Current center staff includes two persons with high school degrees and previous experience in day care work. They are earning an annual salary of $4,200/year also or about $2.00/hour. In order to bring the caregiver/child ratio up to the required level, another four classroom non-professionals would be added. With the requirement of two full meals/day; one of these non-professionals would double as a cook about 1/3 of the time. The increase in non-professional caregiver staff would raise the annual per child costs to $564.48 for this category.

12. Social Service Professional
The 1972 FDCR do not require any special social services. Since the sample center director handles most parent meetings concerning children, no extra costs for these services are incurred due to the 1972 FDCR.

13. Aides
The 1972 FDCR do not require any special community, health or parent aides. Although the parent board would require more staff support time, the director or a designated teacher could absorb these duties.

14. Clerical/Bookkeeping
Due to the added requirements for record keeping and policy board staff support clerical/bookkeeping, time would need to be doubled from the current $26.66 per child/year cost to $53.33 per child per year.

15. Maintenance
No changes.

PROJECTED MINIMUM SAMPLE CENTER COSTS
PER CHILD UNDER THE 1972 FDCR

Explanation Sheet (Cont.)

Line number shown on budget

16. Special Resource Consultants
No changes.

17. Supervision @ $6,000
With added responsibilities for parent involvement and continued responsibility for referrals, staffing, ordering supplies, etc., the center director would have less than 60% of her time available for supervision of the increased staff.

18. Training
There are no FDCR requirements for formal staff training of day care providers. Therefore, the center costs in this category would not change. The only training received would be in-service staff meetings, as is now the case.

19. Miscellaneous
Provider insurance, advertising, and repair costs would not be affected under the 1972 FDCR. This assumes that the facility currently meets all state and local safety codes.

6.3 ANALYSIS OF 1972 FDCR IMPACT ON SAMPLE CENTER

Any requirement changes which affect staff/child ratios have a major impact on personnel costs--the primary cost category in day care operations. The changes in the staff/child ratio formula in the 1972 FDCR have an enormous impact on the annual cost per child. *The difference between the current state licensing standards which permit a 1:10 staff/child ratio for the children aged 2-1/2 to 6 in the center, and the 1:4 ratio for toddlers (1-11 to 3) and the 1:7 ratio for children 3-6 required by the 1972 FDCR adds $520.80 to the annual cost per child in this center.*

Other cost additions resulting from the 1972 FDCR include staff support to the parent policy advisory body; clerical time for increased record keeping; an additional meal for children in care 9 hours or more, and some additional supplies. *Thus, assuming that the sample center already meets all local codes pertaining to fire extinguishers, fencing, etc., the annual cost per child would increase $213.09 to an annual cost of $1701.57.*

6.3.1 Impact of 1972 FDCR on Center Fees.

As the budget in Table 6.3 shows, in order for the sample center to break even under present standards (without providing any extra health, social or parent services or transportation) parents or the state must pay an average of $4.12 per day per child.

If the center accepted federally funded children after the 1972 FDCR were adopted and brought their services up to the FDCR standards, the actual cost of providing care would be raised to $6.45 per day or $141.90 per child per month. At present, no state in the region is allowing more than $5.00 per day per child maximum payment. Thus, the center would take a $2.33 loss on each federally funded child unless this rate also changed. Further, the majority of the working single parents who responded to the parent questionnaire earn less than $100 per week. Thus, the required monthly payment for one child in care would take more than one/fourth of their monthly salary.

The comparison of the sample center's current costs with the costs developed by the Day Care & Child Development Council (Table 6.4) reveals that the sample center's budget is below the cost level considered minimally acceptable for a "custodial" program. In fact, however,

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the center currently provides a very good developmentally oriented program on a limited budget.

However, with double staff costs required under the 1972 FDCR, it is doubtful whether such a private profit center, whose owner justifiably would like to make some profit on the investment, could afford to accept federal children if it meant raising the daily costs to $6.25/ day in order to break even.

Other centers which are less dependent on parent fees, such as the public and private non-profit centers, would have to receive more local, state or federal funds in order to remain open under the increased staffing requirements.

6.3.2 Implications of 1972 FDCR for Centers

Current day care center staff/child ratios required by the states or 1968 FDCR are not as high as would be required under the 1972 FDCR. The proposed changes in these ratios would have a major impact on all types of day care centers. Some consequences of this change could include:

1. More private profit providers would refuse to accept federally funded children if accepting them meant that the annual cost of care would be raised to a level which private pay parents could not afford.

2. Private non-profit centers and public centers would require more public funding per child to operate. In the modest sample center program, the increase in annual cost per child was 56% under the 1972 FDCR. Since the primary FDCR cost increase is for staff, rather than facility, no center type would be able to avoid these costs.

3. With private providers less likely to accept federal children, day care would become segregated by the earning level of parents.

4. If centers could not afford to pay for the required increase in staff, they would have to close. Thus, the amount of day care available would decrease.

6.4 FACTORS AFFECTING COSTS IN THE FAMILY DAY CARE HOMES

6.4.1 Conditions Which Affect Family Day Care Home Fees.

Rather than being based on operating costs, fees charged by family day care providers are related more to what the state will pay and to what the providers think parents can afford (for private-pay children). In addition, more than 60% of the providers charge a discount rate for two children from the same family, reflecting concern for the parents' ability to pay.

TABLE 6.6
FAMILY DAY CARE HOME FEE SETTING

How do you decide how much to charge for your services?	
I charge what other sitters in the neighborhood charge.	15.4%
I charge what the state/welfare allows me to charge.	70.7%
I charge what I think parents can pay.	40.3%
Other	14.3%
Do you charge the same rate for all children?	
Yes, a flat rate per child.	34.6%
No, a special rate for two or more children from the same family.	61.8%
No, rate is based on age of child.	19.9%
No, special welfare rates.	19.9%
Other	1.1%

In each state in Region X there is a regulation governing state payments for children from the same family. For example, in Alaska these rates are set at a $.75

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hourly maximum for the first child in the family and a $.35 maximum for each additional child from the same family. Idaho and Washington also have specific lower maximum payments for two or more children from one family. In Oregon, the regulations governing cost appear to be related more to providers' normal practices since "...fees (for more than one child from the same family) shall be paid in accordance with the regular policies of the facility. If charges are customarily reduced by the provider for a second or subsequent children from one family, the same criteria and rates shall apply to children for whom CPWD is purchasing care." In no instance during the study, however, were providers being reimbursed the same amount for each child regardless of number from the same family, despite the information on Table 6. that almost 40% of the providers do not normally charge discount rates for more than one child from a family.

The data confirms the informal field observations that, although state regulations imply flexibility in fee setting, in practice day care caseworkers recommend a fee which providers accept. This is particularly true for newly licensed family day care mothers whose first children for care are paid for by the state. These providers have no "regular policies."

Factors governing major operating expenses. The major fluctuating expense in family day care is food costs. Cost varies depending upon the number of children, hours of the day, and total number of hours per day during which children are present. In homes which care for infants, parents commonly provide the formula and other food. This is also done in a few of the homes which care for older children. However, family day care home providers usually provide the food for meals and snacks for all children in their care. In addition, these providers do not seem to have a clear idea of the actual expense incurred for providing food.

Table 6.7 presents Alaska provider estimates of food costs per week for children in care. These costs, if accurate, would represent the highest costs of the four states in the Region. As is evident from the table, cost estimates vary widely. Similar variations were found in a study of 25 family day care homes in California, where providers were asked to keep accurate records of expenses involved with child care. This range reflected different arrangements with parents and variations among homes--some serving meat, fruit, vegetables, and whole milk daily; and others having soup, sandwiches, and less diversified menus.

TABLE 6.7
TWENTY ALASKA FAMILY DAY CARE HOME ESTIMATES OF WEEKLY FOOD COSTS FOR CHILDREN IN CARE

FDCH	Number of Full Day Children	Number of Part Day Children	Total	Estimated Total Weekly Food Costs for all Children in Care
1	3	0	3	$ 6.97
2	3	0	3	69.70
3	3	1	4	13.94
4	5	0	5	12.50
5	2	0	2	6.97
6	2	1	3	3.48
7	1	1	2	5.11
8	2	0	2	4.65
9	2	1	3	6.97
10	3	0	3	7.50
11	2	0	2	4.65
12	2	0	2	5.71
13	1	2	3	23.23
14	3	1	4	4.65
15	4	0	4	18.60
16	2	2	4	27.90
17	3	4	7	8.13
18	4	3	7	13.94
19	2	1	3	4.65
20	8	2	10	23.20

Other expense incurred by day care home providers include utilities; consumable supplies; extra telephone charges; wear, tear, and breakage; extra trips or excursions; and bad debts and liability insurance.

Service quality and comprehensiveness factors. As with day care centers, family day care providers vary in the amount that they spend for special consumable supplies, toys, outdoor equipment, picnics, and outings. When family day care mothers have young children of their own at home, they often let all children share their toys. However, in many instances, providers mentioned having bought such things as tricycles, bicycles, swing sets, etc., especially for the children in care.

In addition to toys and equipment, family day care mothers provide many special services, such as walking children to school, taking children to doctor appointments, counseling with parents about children's problems, allowing parents to leave their children at the home beyond the regular hours in emergency situations, and caring for sick children. No cost figure is normally attached to these services as is commonly done in center cost breakdowns. Nor, unfortunately, is any extra reimbursement from the state for the comprehensiveness of these "special services."

6.4.2 Day Care Home Cost Background.

This study included interviews with 276 family day care providers, 19 group day care providers, and 280 in-home providers. Each interviewer attempted to obtain an estimated breakdown of the home care providers' average costs for providing day care for one month. Among the things which were learned during this exercise were the following:

-- Day care home operators generally keep no records of the costs involved in providing care for children. Although they are entitled to recover expenses for running a business in the home, a large majority of providers do not keep necessary records and do not claim these deductions.

-- Without exception, in our experience, state day care licensing staff do not discuss the small business aspects of providing care in the home with potential providers.

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In fact, several caseworkers emphasized that they avoid discussing family day care as a business in public information meetings, but rather, stress the desirable caregiver qualities.

-- In fact, home day care costs do vary widely due to the variety of hours--full and part-day, evening, overnight, and drop-in care--and the changing number of children in care in these less formal settings.

6.4.3 Information on Region X Home Care Providers Income and Costs.

In order to provide an idea of the family day care home provider's annual income in each state, the following pages display what that income would be under a series of cost assumptions. The providers own figures show that the maximum earnings possible in this setting are rarely approached. However, we can examine the projected impact of the 1972 FDCR against the standard baseline provided by the following constructed income charts:

Assumptions Re:

Family Day Care Income

-- The income is that of a "typical" provider who cares for an average of 4.3 children per day (the average number of children for which all homes visited were licensed).

-- All children in the home are unrelated, so the state pays a full rate for each child.

-- All children are receiving full day care, 22 days per month.

-- The family day care provider is receiving the maximum allowable state payment for each child:

a)	$5.00 daily maximum	Alaska
b)	5.00 daily maximum	Washington
c)	3.50 daily maximum	Oregon
d)	3.00 daily maximum	Idaho

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Constructed Gross Annual Income

for Family Day Care Providers

a) Alaska and Washington

$ 5.00	/child/day
x4.3	children in care
1500	
2000	
21.50	daily gross earnings
x 22	days/month
4300	
4300	
473.00	gross monthly earnings
x 12	months
94600	
47300	
$5676.00	gross annual earnings

Gross hourly earnings for an average 11 hour day* would be $1.95.

* * *

b) Oregon

$ 3.50	/child/day
x4.3	children in care
1050	
1400	
15.05	gross daily earnings
x 22	days/month
3010	
3010	
331.10	gross monthly earnings
x 12	months
66220	
33110	
$3973.20	gross annual earnings

Gross hourly earnings for an average 11 hour day would be $1.37.

* * *

*No single child may be in care 11 hours per day, but the provider must care for one or more children during the full 11 hours. Thus, her hourly rate should be based on this figure.

c) Idaho

$ 3.00	/child/day
x4.3	children in care
900	
1200	
12.90	gross daily earnings
x 22	days/month
2580	
2580	
283.80	gross monthly earnings
x 12	months
56760	
28380	
$3405.60	gross annual earnings

Gross hourly earnings for an average 11 hour day would be $1.17.

* * *

If, in fact, average home care provider income even approximated this full enrollment, full day, full year amount, costs incurred through providing food and utilities, insurance coverage, repairs and other expenses might not seem as high as they currently do. Table 6.8 shows 276 family day care providers actual estimates of gross annual earnings. As the table reveals, more than 78% of the Washington and Alaska providers (eligible for $5.00/child/day) earn $3,000.00 or less per year, in contrast to the $5,700 income possible from caring for four unrelated children full day, year round. In Oregon, with a $3.50 daily maximum, 72% of the family day care providers earn $1,500 or less annually rather than the figure of $3,973. Of the Idaho providers who operate under a $3.00 per day ceiling, 85% estimate their annual earnings at $1,500 or less, rather than the potential $3,406 under full enrollment.

From the providers annual earnings must be deducted the following costs:

-- Food for the children in care.

-- Utilities.

-- Extra repairs and cleaning supplies.

-- Cost of toys, crayons, bicycles, etc.

-- Gas for private care when it is used for field trips or transporting children.

TABLE 6.8
FAMILY DAY CARE HOME PROVIDERS ESTIMATES
OF GROSS ANNUAL EARNINGS

Estimated Earnings	Percent of Providers			
	Washington	Alaska	Oregon	Idaho
0 - $1500	45.2%	47.4%	71.6%	85.2%
1600 - 3000	33.1%	36.8%	24.2%	7.4%
3100 - 4000	8.9%	10.5%	4.2%	3.7%
4100 - 5000	4.0%	5.3%	--	3.7%
5100 - 6000	4.8%	--	--	--
6100+	4.0%	--	--	--
State maximum daily rates	$5.00/ child/day	$5.00/ child/day	$3.50/ child/ day	$3.00/ child/ day

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-- Telephone (if extra costs involved)

-- Liability insurance (if available)

-- Bad debts.

-- Taxes and FICA

Although estimates of these expenses vary widely from home to home, close record of 25 family day care providers' costs was kept by the Community Family Day Care Project.* The providers in this project received gross hourly earnings of $1.48 for an 11 hour day (this compares closely with our constructed hourly rates in Washington and Alaska--$1.95; Oregon--$1.37; and Idaho--$1.17). The providers daily expenses were recorded for the project for such items as food, utilities, supplies, equipment, insurance, bad debts, rent, etc. These expenses were averaged and after subtracting those costs from the weekly earnings the average net hourly rate for family day care providers was $.72 or 51% lower than the gross hourly rate. *Applying the same cost proportion to the gross hourly rate in the states of Region X, the net hourly family day care provider earnings after expenses would be:*

Washington	*$.96*
Oregon	*.70*
Idaho	*.57*
Alaska	*.96*

6.4.4 Analysis of 1972 FDCR Impact on Family Day Care Homes.

The 1972 FDCR affect family day care home costs less than they do center costs. This is true with the exception of group settings which care for up to 10 or 12 children and require an additional caregiver, thereby, reducing the providers daily earnings by half.

Although proportionally more family day care homes were out of compliance with items on the proposed 1972 FDCR than were centers, the areas of non-compliance were not usually so costly. For example, the main center cost item--personnel, which is so greatly affected by the changed staff/child ratio for centers, is not greatly affected in the home care situation. As long as no

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*Op.cit., Sale, 1972. p.73.

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more than one child under three years old is in care per home, the 1972 standards would not affect the current permissible ratios in Oregon, Idaho, and Alaska (1:6). In Washington, potentially more providers would be affected. They probably would decide to reduce the number of children in their care if they actually had children up to the current 1:10 ratio permissible for children 2-12.

In addition, since home care situations do not have to support special purpose day care facility expenses; meet institutional fire marshall inspections; cover employer's share of employee benefits; provide extensive special equipment (e.g., small tables and chairs, large outdoor equipment, etc.); etc. providing care in a home setting involves fewer fixed overhead costs, thereby reducing the total cost of care under any standards.

Many of the areas with which family day care providers were out of compliance with the 1972 FDCR did not involve purchasing anything to meet the standard e.g., record keeping, improved planning for emergencies, and preparation of a written daily plan. In order to comply with these requirements, providers' time would be required. In an already long, 11 hour, caregiving day, these extra time requirements could be too burdensome; and would reduce net hourly income even further.

Several additional costs would be added for many providers. These include:

-- Fire extinguishers.

-- More consumable supplies.

-- An additional meal or snack.

6.4.5 Implications of the 1972 FDCR for Family Day Care Homes.

1. Some family day care providers would have to reduce the number of children in their care in order to meet the 1972 FDCR. Since the number of children per provider is based on the age of the child, those providers interested in earning the full amount possible may refuse to accept children younger than three. These children would lower the total number of children providers could care for without compensating them more for infants and toddlers.

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2. If initial expenses related to physical safety, such as the purchase of a fire extinguisher, first aid kit, liability insurance; and, in some instances, fencing, were added only to providers who care for federally funded children, some providers may choose not to accept them.

3. The cost to parents and providers to implement the 1972 FDCR in family day care home settings is considerably less than it would be in centers.

4. The additional provider time required for record keeping and preparing written activity schedules would reduce the net hourly income of these providers.

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Appendix A

Scope of Study and Research Methods

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APPENDIX A

SCOPE OF STUDY AND RESEARCH METHODS

This study was designed to examine the effect of federal child care standards on current child care programs receiving federal funds in Region X, and to look at existing federal, state, and local mechanisms for ensuring quality care in federally supported programs.

A unique feature of the study is the use of the proposed 1972 federal child care standards, rather than the existing 1968 standards, as the baseline against which to measure the quality of a sample of federally supported child care settings in Region X. The 1972 FDCR were selected because they are more specific in identifying features of quality child care settings, less subject to varying interpretations, and, therefore, could be more uniformally measured. Also, by using the proposed federal requirements as the measuring instrument, advance data could be generated to allow the development of strategies for implementing the 1972 standards, at such time as they may be adopted.

Scope of the Study

This study looks at federally supported child care currently being provided in the states of Washington, Oregon, Idaho, and Alaska. Federally supported care, and the impact of Federal Day Care Standards, were examined both from the perspective of the state and local administrators of federal child care monies and from the perspective of the day care providers who must meet federal standards.

Since the states have the primary responsibility for administering the federal funds, and each state is responsible for setting up mechanisms for implementing the federal standards, a major study parameter was an examination of the variations in the four states programming. Since each state has its own day care licensing requirements which apply to all child care settings, not just federally funded ones, the variations among the states and between state and federal standards also were examined. The type and frequency of contacts between state and local administering agencies and day care providers was another major study parameter.

In Region X, providers receiving federal funds, care for children in a variety of settings, each of which has somewhat different state licensing requirements

and is treated slightly differently by the federal standards. Unco examined each of the following day care settings:

In-Home Day Care: Day care services which are provided to the children from one family by someone other than the child's own parent(s). Such care may be provided in the children's own home or someone else's home by a relative, a friend, a neighbor, or anyone else employed to care for the children.

Family Day Care Home: The private home of a person who takes care of children, usually from more than one family. Such care may be provided by a relative, friend, neighbor, or someone who provides care for children as a business. Family day care homes are usually limited to the care of up to six children.

Group Day Care Home: An extended or modified family residence usually having a section of the residence especially reserved for day care activities with one or more employees working under the direction of the principal caretaker to assist in the day care activities. Group day care homes are usually limited to the care of 12 children.

Day Care Centers: A specifically designated day care facility which may be in a converted private dwelling, a settlement house, a school, a church, a public housing complex, or in a specially constructed building. A day care center usually serves more than 12 children.

Before and After School Care: A day care service which provides supplementary care during non-school hours, school vacation periods, and during the summer for children of school age who would otherwise lack adequate supervision by a responsible adult.

Day Care System: A series of day care providers linked to a common administrative unit. A day care system generally includes one or more day care centers, and a network of family day care and group day care homes.

Research Methods

State and local administrators, day care providers, and parents with children in care in all four states were interviewed over a three-month field period to provide the data for this study. Initially, each state agency responsible for administering the state's federal child care dollars was contacted, and their cooperation was solicited in identifying those providers--day care centers, family day care homes, and in-home providers--who were currently receiving federal child care funds. The population of federally supported day care providers in Region X was stratified by state and by day care setting prior to sample selection. Within these strata, a 10 percent minimum random sample of providers was selected from each cell.* This procedure can be represented by a simple 2 x 2 matrix as follows:

	Center Providers	Family Day Care Providers	In-Home Providers
Alaska	10%+	10%+	10%+
Idaho	10%+	10%+	10%+
Washington	10%+	10%+	10%+
Oregon	10%+	10%+	10%+

When the 10% random sampling was completed for each state, it became apparent that some of the cells for Alaska and Idaho contained too few actual providers to give a representative picture of the care. In addition, a questionnare was mailed to 50 percent of the total sample of in-home providers. Therefore, the number of providers sampled in these cells was increased, resulting in the following distribution of sampled sites:

Family Day Care Homes	n	Percent of Total n of Federally Funded Providers
Alaska	25	11.9%
Idaho	25	10.8
Oregon	95	10.0
Washington	110	10.0

*Excluded from this sample size were group home day care, before and after school care, and day care systems which were sampled on an as-available basis.

Day Care Centers

Alaska	15	30.0%
Idaho	15	34.8
Oregon	15	13.1
Washington	25	10.0

In-Home Care	Telephone Interviews	+	Returned Mailed Questionnaires	Total in Home
Alaska	25	+	9 = 34	33.3%
Idaho	25	+	7 = 32	17.4%
Oregon	50	+	62 = 112	12.4%
Washington	50	+	68 = 118	9.8%

A 15 percent over-sample was selected to obtain alternate sites, should it prove impossible to complete the interview with any of the original sample. In fact, this 15 percent over sample proved inadequate to replace those providers who were no longer providing care at the time of the field data collection. The turnover of providers, during the six months between the time the sample was compiled and the time that field work began, was exceptionally high for in-home and family and group day care providers. To overcome this, the interviewers had to verify the sample at each local welfare office. Those operators no longer providing services to federally funded children were removed from the list and an alternate from the 15% over-sample was selected and verified. If a sufficient number of providers was unobtainable from this process, substitute operators were randomly selected from local welfare office lists of current day care providers until the sample required was obtained. The need to go to each local welfare office to replace the sample was created by the lack of a complete, centralized, automated information system in any of the four states. Idaho and Alaska, for example, relied completely on information compiled by hand in regional and local welfare offices. Oregon had a partially automated system, but it did not include in-home providers. The State of Washington's information system provided lists of parent users, but did not indicate the name of the actual provider.

In addition, each state was asked to identify the parents of children receiving federally supported in-home care. A questionnaire was mailed to 50 percent of the parents on these lists.

All state and local administrators of federal child

care monies were identified and were interviewed in person by the project manager.

The Instruments

The study required the design of three major sets of instruments:

A. Providers Instruments

Day Care Centers

Mailed pre-visit questionnaire
On-site interview schedule

Family/Group Day Care Homes

Mailed pre-visit questionnaire
On-site interview schedule

In-Home Providers

Mailed questionnaire also used for telephone interview

B. Parent Questionnaire

Mailed questionnaire

C. Administering Agency Instruments

Open-ended interview schedule

The Provider Instruments

This series of questionnaires was designed to reflect the unique features of the various types of day care settings and to compare present operations with those which would be required if the 1972 FDCR requirements were adopted. (Copies of the questionnaires are in Appendix B). The questionnaires for day care centers, family day care homes, and group day care homes were divided into mail-out and on-site sections. The mail-out portion of the questionnaires contained a series of closed-ended questions to develop a basic profile of the provider. Thus, questions such as length of time licensed, licensed capacity, staff profiles, and child profiles were included. A significant portion of the mail-out questionnaires was devoted to the obtaining of data to reflect the actual cost of providing care. The on-site questionnaires were designed to

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cover, in greater detail, current operations as compared with specific Federal Day Care Requirements of the June 19, 1972 draft standards. In addition, operators were asked questions regarding their relationships with the administering agencies, linkages to other day care providers, problems relating to meeting standards, primary problems in being a day care provider, relationships with the parents of the children served, and staff-related practices and problems. The mail-out and on-site questionnaires provide that each Federal Day Care Requirement for an operator is covered by a question and/or an observation checklist item.

The in-home providers were handled in a different manner. The Federal Day Care Requirements for in-home care relate only to the competence of the provider. The facility is not subject to any requirement, nor are the number of children subject to any limitation other than they must all be members of the same family. The four states do not have a licensing procedure for in-home care providers, but only approve child care plans for families who receive federal funds. A mail-out questionnaire was sent to the selected sample of in-home care providers which was to be returned to the contractor. A separate sample of in-home care providers had an identical questionnaire administered through a telephone interview to validate the answers obtained from the mail-out questionnaires. Questions asked of in-home care providers related primarily to their background and experience in the area of child care, the types of duties performed, hours and days worked, pay, and their relationship with the administering agency.

Parent Instrument

A parent questionnaire was mailed to a sample of parents using in-home care. The parent sample was matched with the mail-out sample of in-home care providers. The parent questionnaire addressed issues relating to features of day care important to the parents, satisfaction with their current day care arrangements, and the hours and days they require day care services.

Administering Agency Instrument

The final open-ended interview schedule developed for this study was related to administrating agency

practices. The schedule was basically threefold in purpose: (1) to identify the significant practices administering agencies use to assure the quality of care children receive; (2) a series of questions relating to the planning and coordination of day care services; and, (3) a series of questions to elicit opinions about the role of state and federal day care requirements.

When the field team and permanent project staff completed all interviewing, the data from the completed questionnaires was coded and put on Unco's pre-programed Generalized File Maintenance (GFM)* to facilitate data handling during the analysis period.

Exemplary Child Care Settings

As discussed earlier, two less common day care settings were also included in this study, before and after school programs and administratively linked systems. Since these are less common and subject to considerable individual variation, no formal questionnaire was developed for those situations. Rather, a loosely structured interview guide provided the basis for the on-site conversations with program staff, administrators, and associated providers in these situations.

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*An Unco proprietary system.

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